



Federated Garden Clubs of New York State, Inc.

292 Washington Avenue Ext, STE 104

Albany, NY 12203-6385 PH: 518-869-6311

Vendor Contract

Vendor Name: _____

No. of tables: _____

Phone: _____

Email: _____

Brief Description of products:

Fee: _____ for one 8-foot table _____ for a second table

Maximum of 2 tables per vendor. This fee will provide table(s) for all days of convention

Dates of Convention:

Location:

Room reservation information:

Set-up time:

Vendor period(s):

Please make your check payable to "Federated Garden Clubs of New York State, Inc." and mail it to Vendor Chairman, Dorothy Grant, 140 Deerfield Dr, Canandaigua, NY, 14424-2410.

Your check and your copy of this contract is your reservation and commitment to participate.

Vendor signature: _____

Chair signature: _____