



108 W. Market St-Second Floor, Taylorville IL. 62568  
(217) 824-4919 fax (217) 824-6689 [www.chillifest.info](http://www.chillifest.info)

### VENDOR RATE & REGISTRATION SHEET

Company or Individual Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

FEIN# or SS# \_\_\_\_\_

**This # must be on the application to reserve a space**

Items to be sold: \_\_\_\_\_

The booths will be \$50.00 for 2 days with 12 foot frontage. Electricity will be available, please see enclosed rate sheet.

Number of spaces needed (maximum of 3) X \$50.00=	\$ _____
Electricity charge (from rate sheet)	\$ _____
Total due with registration	\$ _____

I prefer \_\_\_\_\_ street \_\_\_\_\_ sidewalk \_\_\_\_\_ grass (**Preferences awarded on first received basis**)

### REGISTRATION DEADLINE OCTOBER 2<sup>nd</sup> 2009

Attached is an information sheet providing the specific details of this year's event. Feel free to call the Chamber office (217) 824-4919 should you have any questions.

It is understood by the undersigned that the Taylorville Chillifest or the Greater Taylorville Chamber of Commerce will **NOT** be held responsible for any loss, theft, or damage to the item(s) exhibited or other possessions.

\_\_\_\_\_  
Exhibitor's Signature

\_\_\_\_\_  
Date

Please send the completed form with payment to:  
Greater Taylorville Chamber of Commerce/Taylorville Chillifest, 108 W. Market Street-Second Floor, Taylorville, IL. 62568 or  
email to [lindagtc@consolidated.net](mailto:lindagtc@consolidated.net).

Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ Card # \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code(3 Digits): \_\_\_\_\_