

name: (last)	(first)		
organization/busines	s name:		
address:			
city:	state		zip:
cell phone #:	e-mail addr	ess:	
NYS sales #:			
consumer affairs permit # (artists	, crafters, designers ONLY)		exp. date
food handlers permit # (eateries	& specialty cuisine exhibito	rs ONLY) :	
h15 # (temporary food service estal	olishment permit):		exp. date
Vebsite:			
	ARTISANS, CRAFTERS &		
\$ 125 + \$7.75* per 10 "x 10"	·		TOTAL
·	ATERIES & SPECIALTY CUIS		
	*additional fee applies to		
\$ 350 + \$10* per 10 "x 10" spa	ace (PREPARED FOOD)	# of spaces	TOTAL
	SWEETS & TREATS EX	HIBITORS	
\$ 175 + \$10* per 10 "x 10" spac	e	# of spaces _	TOTAL
	MARKETING & PROMOTION		
Please contact o	our office @ 646-230-0719 o	info@popupnewyor	kevents.com
	*Credit Card Conven	ence Fee	
credit card #:	cvv #:	exp. date	e:visa/mastercard only
I authorize PopUp to charge the above o	redit card for this event an	d clearly understan	d that this is a FINAL TRANSACTION
			date:

A 630 Ninth Avenue Suite 417, New York, NY 10036 P 646-230-0719 W www.popupnewyorkevents.com