

Fine Arts Festival Exhibitor Form

Statehouse Convention Center - Little Rock, AR

March 29 & 30, 2019

Exhibitor: _____

Address: _____

City: _____ Zip: _____

Contact name: _____

Email: _____

Contact Number: (_____) _____

Exhibitor fee is \$125.00 (per space) - **must pre-register by FEBRUARY 1**

Number of Exhibit spaces needed _____ x \$125 = _____ (total due)

A table 6 ft. table will be provided for you. Will you need access to electrical outlets for your exhibit?
(circle one) Yes or No

Method of payment:

Check # _____

credit card: ___ Visa ___ Mastercard

Card Number: _____

Exp. date: ____/____ V-code: _____ (3-digit code on back of card)

Name on card: _____

Billing Address on Card: _____

City: _____ State: _____ Zip: _____

Signature: _____

Email receipt ___ yes ___ No

Payment must be included with form
Make checks payable to: AR Youth Ministries
Mail To: 10924 I-30, Little Rock, AR 72209