

September 10, 2018

Re: Tastes & Talents of the North Country

St. Lawrence Centre Arena, Massena, NY

Location: former Bon-Ton Store

December 7 & 8, 2018

Dear Vendor:

The St. Lawrence County Chamber is pleased to announce our **4th Annual Tastes & Talents of the North Country** Holiday Show; location and date above. As you'll see, we're holding the show in the former Bon-Ton store, which we're very excited about. The space allows us to get very creative with the set up and layout; and we're envisioning it being transformed into a 'boutique-style' store with holiday decorations and music playing throughout.

I'm currently working with Mall officials to determine how many vendors it will accommodate, but am confident that we'll have space for as many as we did within the Arena. In addition, the glass showcases where their makeup counter was are still there, and ask you to let me know on the Registration form if you're interested in getting one of those spaces.

With direct entrances from the back parking lot and from inside the Mall near 'center court', we'll have two (2) admission tables so customer may choose how to come in. We'll also place signage throughout the Mall, directing folks to the Show.

As a 2-day Show, here's some particulars to note:

\$ 100 per booth – for St. Lawrence County Chamber members.

\$ 120 per booth – for non-St. Lawrence County Chamber members.

Interested in becoming a Chamber member? Do so in September and get three months free!

www.slchamber.org 'Join the Chamber' – upper right corner!

Spaces will be approximately 10' x 10', although there are many unique spaces within that location, so some may be a touch bigger.

- Electricity will be offered on a 1st come, 1st serve basis.
- This Show does not offer tables and chairs, but you may order them on the Registration Form, attached, if desired.
- No move in assistance or carts will be available, so please make your own arrangements.

Exhibitor Set Up Time

December 6th 1 pm to 6 pm
December 7th 9 am to 11 am

Show Hours

December 7th 12 pm to 8 pm
December 8th 10 am to 4 pm

Additional things to note:

- 1) Registration form and Credit Card Payment form, attached,
- 2) Only legal businesses will be allowed (must have Federal ID # or Sales Tax ID #),
- 3) Loading / Unloading through doors marked upon arrival, (no move in assistance offered),
- 4) Exhibitors are required to remain set up for all Show hours,
- 5) If paying by credit or debit card, form is attached for you to fill out and submit,
- 6) Food Vendors be certified / licensed through Ag & Markets or Dept. of Health,
- 7) All food vendors planning to serve samples are required to contact the Dept. Of Health for necessary permits and guidelines; 315 386-1040.

This packet is being sent to all qualifying, Chamber members, as well as previous year participating vendors. Booths will be filled on a 1st come, 1st serve basis, and we anticipate selling out rather quickly. Please note, I will be opening it up to new, qualifying vendors on a wait list after October 1st, so please let me know by email, followed by submitting Registration and payment, and I will reserve your space.

No 'choice of booth' is offered on the registration form. If you are a returning vendor, you're familiar with the fact I try to do a layout similar so that you have familiar 'vendor neighbors'. If you have a special request, please make sure to note it in the 'Comment Section' of the form.

As always, I will do whatever I can to accommodate our long standing, loyal vendors. Please don't hesitate to contact me with questions, as I'm sure you'll have some given the new location and creative set up.

Jo Ann Roberts, Events & Promotions Manager
St. Lawrence County Chamber of Commerce
jo@slcchamber.org
315 386-4000
315 244-1909 after hours



If you would like us to charge a payment it will be charged online. As our proof of your approval of this charge you must provide us with the following information:

Credit card number

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Expiration date on the credit card: _____ **CVV#** _____

Your name as it appears on the credit card: _____

The **billing address** that your credit card statements are mailed to:

Address: _____

City: _____

State: _____

Zip: _____

Your phone number: _____

Approved amount:

\$ _____

Signature