

Vendor Participation Application

Vendor Name	<input type="text" value="Enter your business or vend"/>
Contact Person	<input type="text" value="Full name"/>
Email Address	<input type="text" value="your@email.com"/>
Phone Number	<input type="text" value="(123) 456-7890"/>
Business Address	<input type="text" value="Street, City, State, Zip"/>
Type of Goods/Services	<input type="text" value="Describe what you will offer"/>
Vendor Description	<input type="text" value="Briefly describe your busin"/>
Special Requirements (if any)	<input type="text" value="Electricity, extra space, et"/>