

ANGF VENDOR / ADVERTISEMENT ORDER FORM

Vendor Name:		Contact Name:		
Billing Address:		City	State:	Zip Code:
Phone Number:	Email Address:	Web Page:		

2011 VENDOR BOOTH/ TABLE SPACE

DESCRIPTION	QTY	PRICE	TOTAL
CONFERENCE (7 DAYS) 10"x10" ACCESS HOURS 7:30AM – 5:30PM		\$320	
FESTIVAL (3 DAYS) 10"x10" ACCESS HOURS 7:30AM – 4:30PM		\$150	
TOTAL			

Submit AD art via email to: yovailo@aol.com
 ANGF reserves the right to determine what is appropriate material.
 Inappropriate material will not be posted.

WEB SITE SPACE - 2010-2011

DATES	PICTURE	VERBIAGE	PRICE	TOTAL
JAN - MAR	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$65	
APR – JUN	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$65	
JUL - SEPT	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$65	
OCT – DEC	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$65	
12 MONTHS	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$175	
TOTAL				

MARK YOUR SELECTION BELOW
 SEND A COPY OF THIS FORM ALONG WITH PAYMENT TO

ANGF SECRETARY: ANA DE LA TEJERA
8083 WHITNEY DRIVE – RIVERSIDE, CA 92509
 FAX: 951-360-5948

FOR OFFICIAL USE ONLY:

PAYMENT RECEIVED:

CASHIERS CHECK CREDIT CARD MEMBER STATUS: