

THE PANAMA CANAL SOCIETY, INC.

CORPORATION NOT-FOR-PROFIT

To preserve American Ideals and Canal Zone Friendships

P.O. Box 910 Odessa, FL 33556 (727) 372-1800

2015 Vendor Information

1. Vendors' established business hours are as follows:

Wednesday, July 1, 2015: 1:00 - 5:00 PM – SET-UP ONLY (No Sales)

Thursday, July 2, 2015: 9:00 AM - 7:00 PM Friday, July 3, 2015: 1:00 PM - 6:00 PM Saturday, July 4, 2015: 9:00 AM - 6:00 PM Sunday, July 5, 2015: 9:00 AM - 12:00 Noon

- 2. A Vendor's Fee of \$100.00 per vendor table has been established by the Panama Canal Society Executive Board and is payable by check or credit card.
- 3. There is a charge for electrical hook up for those vendors needing electrical power. If you need electrical hook up, you will need to contact the hotel directly to order electrical needs. The contact is Cindy Hughes at chughes@PSAV.COM.
- 4. Vendor permits and disclaimers will be issued on Wednesday, July 1, 2015 when Vendors check-in with the Vendor Chairperson. Vendors will be assigned their space and are not permitted to rearrange tables.
- 5. Vendor tables are only for the use of the approved Vendor and may NOT be shared or transferred. Approval will <u>NOT</u> be made for more than one additional Vendor at the same table. Vendors sharing a table without prior approval will be removed from the Vendor area and will forfeit their deposit.
- 6. Use of the Panama Canal Society logo on items for sale is not permitted.
- 7. Tables will only be reserved when a completed **Vendor Application** and **\$100.00 Vendor Fee** are received in the Society office. **Vendors must be a member in good standing of the Panama Canal Society for 2015 and must be registered for the 2015 reunion.** Initially only one table per vendor, approximately 30" W x 8' L will be assigned. After the cut-off date of May 15, 2015, a third table may be assigned if space is available. The additional cost for an additional table will be \$50.00.
- 8. Until we are sure exactly how many vendors there will be, we cannot allow a second table to be reserved. If you are interested in obtaining a second table, please answer, "Yes" on your Vendor application. Do not send the additional \$50.00 at this time. The Society Office will contact you at a later date if a second table is available.
- 9. The Society is not responsible for storage of the Vendor's merchandise; however the Vendor room (Gatlin Ballroom B) will be locked and checked by hotel Security during non-operating hours.
- 10. Only Panama / Canal Zone related items are to be offered for sale.

- 11. The DEADLINE for receiving Vendor Applications and refunds is May 15, 2015. No applications or refunds will be processed after this date.
- 12. The price of merchandise will remain the same throughout the Reunion. There will be NO SALE PRICES during the last days.
- 13. Any questions concerning the Vendors may be directed to the Panama Canal Society office, by telephone at (727) 372-1800, or email at office@pancanalsociety.org

Thank you for your interest in being a vital part of our 2015 Reunion!

Panama Canal Society VENDOR APPLICATION Reunion 2015

P.O. Box 910 Odessa, FL 33556

| NAME | | | | |
|--|--|--------------------------|--|-----|
| | (Please Print Clear | rly – Use Black Ink Only | | |
| STREET ADDRESS | | | | |
| CITY | | STATE | ZIP | |
| | | | | |
| EMAIL | | | | |
| TYPES OF ITEMS FOR SALE/EXHIBIT | | | | |
| I agree to donate a gift : YES | as a door prize for | r the Annual Busi NO | ness Meeting on July 3, 201 | .5: |
| be requested), at a cost is certain we will have s | of \$50.00. (Please | do not send in palable.) | ole (only one additional table unique of table | |
| | MUST ORDER ANI CITY IS REQUIRED | | RICAL INSTALLATION IF ctions) | |
| | TRANSFER TABLE | | OUT PRIOR APPROVAL. VENI O OTHER MEMBERS OR NO | |
| | EL DOES <u>NOT</u> ALLO PANELS OR SCREE | | NY ITEMS TO THE WALL. A | NY |
| Only Pan | ama / Canal Zone | related items are | e to be offered for sale. | |
| CREDIT CARD NUMBER | VISA | MASTERCARD | (Circle One) | |
| EXPIRATION DATE | TOTAL | AMOUNT CHARGE | D \$ | |
| VENDOR AUTHORIZ | ED SIGNATURE | | | |
| | | (S | gnature Required) | |
| For Office Use Only | | | | |
| SEQUENCE NUMBER | CHECK NUMBER | ?AN | OUNT RECEIVED \$ | |
| LETTER POST MARK DATE | DATE A | APPLICATION RECEI | VED IN OFFICE | |