



# Duneland School of Emergency Response

## Vendor Show Application Form

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Website \_\_\_\_\_

Electricity Required: (yes) or (no)

\_\_\_ \$100.00 space with 1 table

\_\_\_ \$200.00 space with 1 table

\_\_\_ Additional spaces @ \$50.00

\_\_\_ Additional spaces @ \$20.00

\_\_\_ 1<sup>st</sup> Apparatus @\$75.00    \_\_\_ Additional Apparatus @\$50.00    =    \_\_\_ Total # of Apparatus

\_\_\_ Total Spaces                    \_\_\_ Total # of Tables

Total Amount: \$ \_\_\_\_\_                    Check or Money order # \_\_\_\_\_

**Note:** *Make check payable to Duneland School of Emergency Response*

**\*Please email all AD work to [tfieffer@chestertonfire.org](mailto:tfieffer@chestertonfire.org)**

Mail completed form along with a check to:  
Duneland School of Emergency Response  
C/O Andy Himan  
P.O. Box 8  
Beverly Shores, IN 46301