

TEMECULA VALLEY WINEGROWERS ASSOCIATION
Vendor Table Application



Name of Company or Organization: _____

Name of Contact Person: _____

Address, State, Zip: _____

Phone (business): _____ Phone (mobile): _____

E-mail address: _____

Above information will be listed in alphabetical order in our program.

- Vendor Participation Fee: \$500
 Breakfast Sponsorship \$150 Lunch Sponsorship \$300 Wine & Cheese Sponsorship \$150

Vendor Fee includes 8' table and 2 chairs. Staffing of vendor tables is the responsibility of the vendor. Table fees are for the TVWA's **Grape Day, scheduled for April 22, 2010** at Wilson Creek Winery; space must be pre-paid to hold your reservation. Reservations will be accepted on a first-come, first serve basis until the winery area is filled. Confirmation of your table reservation will be sent via email. **Vendors receive full access to the event and its attendees.**

Description of products to be sold: _____

Please read the following statement. Your signature below indicates that you have read, understood, and agree to abide by the following policy:

Each vendor will be solely responsible for any consequential or other loss, injury, or damage done to or occasioned by or arising from any article exhibited or for sale by him, and shall hold harmless the Temecula Valley Winegrowers Association (TVWA) and Wilson Creek Winery. The TVWA and Wilson Creek Winery will take responsible precautions to insure the safety of vendors, exhibits, and property of every description entered for display or any other purpose while anywhere on the grounds that shall be subject to the control of either, but the vendors themselves must take the risk of exhibiting. In no case shall either be responsible in any way for any loss, damage, or injury of any character, property, article, or person while same is on the winery grounds or at any other time or place, nor be liable or make any payment for damage, loss or injury. Vendor agrees to maintain the area of his exhibit in an orderly manner. Signing the vendor form shall be deemed acceptance of this policy.

Signature of Person Responsible for Booth: _____ Date: _____

Please make checks payable to: TVWA (Temecula Valley Winegrowers Association) OR

Credit Card: (Visa, MC, Discover, AmX) _____

Expiration Date: _____ CVV Security Code: _____

Send completed form with payment to: TVWA, PO Box 1601, Temecula, CA 92593 or (fax) 951.699.2353
www.temeculawines.org • 800.801.9463