



**Vendor Application Form:**  
**Department of Pennsylvania Veterans of Foreign Wars**  
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Harrisburg, PA17109  
Office Phone: 717-234-7927 Fax: 717-234 -1955  
Contact: Cynthia Lewis  
[clewis@vfwpahq.org](mailto:clewis@vfwpahq.org)

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

Point of Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Type of Business: \_\_\_\_\_

**Number of Tables Requested** \_\_\_\_\_ **\$50.00 Per Table**

**Organization Type:**

Non-Profit: \_\_\_\_\_ Corporation: \_\_\_\_\_ LLC: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*The Department of Pennsylvania Veterans of Foreign Wars is accommodating the Exhibitors and allow them to have Exhibit Space. Rental charges do not include Drayage/ decorations*