

Vendor Registration

Changing Times, Changing Worlds

**All Vendors & their assistants must be registered attendees.
In addition to this Vendor form, submit an attendee registration for EACH person.**

Primary Contact Person	
Business Name	
Business address	
City, State, Zip	
Telephone	
E-Mail	
MA Tax #/ID	
Description of Goods:	
Contact options	<input type="checkbox"/> Add me to the CTCW mailing list for next year <input type="checkbox"/> Subscribe me to the CTCW email discussion group <input type="checkbox"/> Do not share my contact information

Vendor Room

Number of tables:	(Max three tables)
Names of registrants:	

Max two registered attendees for the first table, plus one per additional table.

Dealers Row (You must book your own hotel room.)

Number of rooms:	
Names of registrants:	

Max two registered attendees per room.

Optional: Vendor Listing (as you want it to appear in our website & program)

Business Name	
Website	
E-mail	
Phone	
Description	

Please make checks payable to: Changing Times-Changing Worlds

There will be a \$25 fee on returned checks. Mail check with registrations to:

Changing Times-Changing Worlds, attn. Jane Sibley; PO Box 123; Haddam, CT 06438