

**ASID FORT WORTH DESIGN COMMUNITY
Vendor Night Application Form**



Thursday, April 1, 2010 6-8pm

@ Texas Christian University
Smith Conference Center
2805 Lowden Avenue
Fort Worth, Texas 76109

ASID.ORG
TEXAS CHAPTER
1444 OAK LAWN AVE. #501
DALLAS, TX 75207

T 214.748.1541
F 214.651.9309
WWW.ASIDTX.ORG

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CHAPTER OFFICE
ADMINISTRATOR

Company Name _____

Address _____
Street City State Zip Code

Primary Contact _____ **Title** _____

Primary Phone Number _____ - _____ - _____ **Email** _____

Vendor Participants Names _____

Limit 2 for Event

- Industry Partner Member (\$100)**
- NON Industry Partner (\$200)**

Products Showcasing (Please describe) _____

Industry Department (Please select all that apply)

- Accessories
- Construction
- Finishes
- Flooring
- Furniture
- Interiors
- Landscape
- Lighting
- Plumbing
- Other: _____

Special Event Requirements (Please select all that apply)

- Request Nearby Electrical Outlets
- Request to Give Away Raffle or Gift Item
- Other: _____

I agree to the terms listed below and wish to reserve my vendor spot with the included monies.

X _____ Date _____

✂ _____

PAYMENT INFORMATION:

April 1, 2010 Vendor Night Fees \$100.00 IP Partners \$200 NON IP Members

(Please make checks payable to ASID Texas Chapter)

Payment is due no later than: WEDNESDAY MARCH 24TH, 2010