



INTEGRATIVE
VETERINARY SERVICE

Vendor Application for Treat Day 2018

Contact Name: _____ Contact Phone Number: _____

Company / Organization: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Please describe your business/group:

Space Options:

* _____ **Outdoor Booths** are the size of (2) parking lot spaces, One for your booth and 1 for a vehicle. Please bring your own table and chairs.

* _____ **Indoor space** will be in one of our exam rooms, Please bring your own table, there will be 2 chairs in each exam room

*please note that a booth assignment number will be sent to you via email (first come first serve)

Booth Pricing (please check)

___ Rescue/ For Non-Profit Groups : Booth fee is waived

___ For Profit Group Outdoor space: \$20.00

___ For Profit Group Indoor space (exam room): \$40.00

Payment Options

Please send this form along with check or cash to:

Integrative Veterinary Service

21180 W. Capitol Drive

Brookfield, WI 53072

Attn: Lisa D

Event Times: Set up Time begins at: **8:30AM**

Event is from 10AM to 6PM

Parking: PLEASE NO PARKING ON GRASS, additional vehicles please park in adjacent parking lot (Eyecare for Animals)

For internal use only: Date Application Received: _____ Booth number assigned: _____