

Vendor Registration Information

Room Scheduling & Events Management Office

(This information needs to be submitted only once per academic year)

Academic Year: _____

Name:

Business Name:

Mailing Address:

Phone:

Preferred Location: ____ Lobby Space ____ Courtyard (Outside)

Description of merchandise to be sold or services offered:

Average price range of merchandise:

In addition to your own tables and chairs, do you bring your own:

____ Canopy _____ Free Standing Merchandise Racks

____ Other (Please Specify: _____)

Business License #