

EXHIBITORS/VENDORS FORM

Terms of Service: PLEASE FAX TO ATTN: CONVENTION SERVICES/CATERING OFFICE - 717-334-0456

The Wyndham Gettysburg has provided this document in order to assist with equipment and service requests for your use during your scheduled function time. In order to service you properly, please read the form in its entirety, select the services as needed, verify form of payment and submit fourteen (14) days prior to your event start date to your group contact. Forms received after ten (10) business days may be subject to additional service charges up to 10% of the listed item price or possibly unavailable. All items and services are subject to a taxable 19% service charge and 6% state tax. Please contact the Wyndham Gettysburg at (717) 339-0020 with questions or custom packages.

INSTRUCTIONS TO GROUP CONTACT: Please compile all vendor request forms received and mail or fax in a single bulk shipment a minimum of 14 business days prior to the scheduled vendor show start date to Wyndham Gettysburg at 95 Presidential Circle, Gettysburg, PA 17325 or (717) 334-0456. Wyndham Gettysburg will be responsible for charging individual vendors applicable costs based on requested AV/Communication items when request forms are received. Please ensure a form of payment is noted on each vendor request form prior to sending to Wyndham Gettysburg.

Event Sant Date:	Frank Name	Areas)						
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Contact Name: Contact Name								
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Service Start Date:								
Service From Address: **Group Contacts: Please Assign Booth Number Prior to Sending Forms to Wyndham Gettysburg** **Group Contacts: Please Assign Booth Number Prior to Sending Forms to Wyndham Gettysburg** **Service Fee x Quantity x # of Days Total \$0.000 **Service Fee x Quantity x # of Days Total \$0.000 **Sub-Total \$0.000 *								
Telephone # Termail Address: Mailing Address:								
### Address:								
WENDOR (Please fill in)								
Group Contacts: Please Assign Booth Number Prior to Sending Forms to Wyndham Gettysburg **WENDOR (Please fill in) **Terror								
VENDOR (Please fill In)	Mailing Address:							
VENDOR (Please fill In)								
Item/Service	BOOTH # **Group Co	ntacts: Pleas	se Assign	Boo	oth Number Price	or to Sending Forms to	o Wyndham Gettysburg	J**
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Item/Service						Sub-Total		\$0.00
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Item/Service	Shipping & Handling (Please fill in	n)						
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