



Potential Exhibitor Information

Please print or type all information as you complete the form below with full contact information and products to be sold. Be sure to fill in all blanks. Mail completed form and any photos, slides or materials you wish to include to the address at the bottom of this form. You may fax this form if you wish.

Date: ____/____/____

Company Name: _____

Primary Contact Name: _____

Secondary Contact Name: _____

Mailing Address: _____

City, St & Zip: _____

Business Phone: () _____ Business Fax: () _____

Evening Phone: () _____ Mobile Phone: () _____

Shipping Address: _____

City, St & Zip: _____

E-mail: _____

Web Site: _____

Products To Be Sold (Include Brand Names when applicable): _____

List Events In Which You Have Participated: _____

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gilmoreshows@triad.rr.com • 336-282-5550 • (Fax) 336-282-0555