

FRIDAY MAY 19, 11AM - 11PM
 SATURDAY MAY 20, 11AM - 11PM
FIESTA! SATURDAY MAY 20, 8PM -11PM
(Cuban Independence Day)
 SUNDAY, MAY 21, 11AM - 11PM



LOCATION: FAIR EXPO CENTER
 TAMIAMI PARK
 CORAL WAY & SW 112th AVENUE
 www.cubanostalgia.org

CONTRACT FOR FOOD VENDOR SPACE

Name: _____ Name of Business _____
 Address _____ Phone _____ Cell Phone _____
 City _____ State _____ Zip _____ Fax _____
 Email _____ Website www. _____

DESCRIPTION OF FOOD TO BE SOLD: _____

New this year Credit Card Payments. Note an additional 3% Service Charge Fee will be charged on credit card transactions.

- STANDARD SPACES**
- _____ 10' X 10' Booth Area: **\$1,500**
Electricity Included
- _____ 10' X 15' Booth Area: **\$1,750**
Electricity Included
- _____ 10' X 20' Booth Area: **\$2,250**
Electricity Included
- DELUXE SPACES**
- _____ 20' X 20' Booth Area: **\$2,500**
Electricity Included
- _____ 10' X 30' Booth Area: **\$3,000**
Electricity Included

Additional tables and chairs will be charged extra

Application deadline is April 1st, 2017. 50% deposit is due when application is sent in. Balance is due by April 14th.

Full payment or a 50% deposit is required in order to reserve exhibit space. No space reservations without payment. Spaces will be assigned in the order payment is received. Please fill out the form and return with payment to: CUBANOSTALGIA, INC. 89 NE 27 St., Suite 119, Miami, FL.,33137 Phone: (305) 929-9710

Merchandise sold must be in keeping with the CubaNostalgia theme of Cuban memorabilia. CubaNostalgia Inc. reserves the right to approve all merchandise sold at the event and can stop and prevent the sale of merchandise which determines, at its sole discretion, to be offensive, noxious or detrimental to the spirit and quality of Cuba Nostalgia. The applicant shall indemnify and hold CubaNostalgia Inc. and its organizers harmless from and against any loss, damage or expense, including attorney's fees, as a result of any claim, demand, suit or proceedings made or brought against CubaNostalgia as a result of any acts, errors or omission of applicant. CubaNostalgia is not responsible for any loss or theft.

Agreed and consented by:

Vendor Signature _____ Date _____

OFFICE USE ONLY

PAYMENT DATE	PAYMENT AMOUNT	BALANCE DUE	DUE DATE



CREDIT CARD AUTHORIZATION FORM

Please complete and send with your application
or call Veronica Bustamante @ 305 929-9710

Note an additional 3% Service Charge Fee will
be charged on credit card transactions.

Cardholder Name: _____

Phone: _____

Credit card type (Please Circle): Visa Mastercard American Express Discover

Cardholder Number: _____

Expiration Date: ___/___/___ CVV (3digits Security Number on Back of Card): _____

Billing Address _____

City: _____ State: _____ Zip Code: _____

Fax No: _____ Email Address: _____

Total Amount to be Charged on Credit Card \$ _____

I state that all the information forth mentioned is true. I authorize CubaNostalgia Inc. to charge the above credit card account for the amount stated above. This original form will be sent to: CubaNostalgia Inc. 89 NE 27th St. Suite 119 Miami, FI 33137.

Signature Card Holder: _____

*** ALSO INCLUDE A COPY OF YOUR CREDIT CARD AND DRIVER'S LICENSE
ALONG WITH FORM.**