



Style Show Vendor Registration

SATURDAY, JULY 15, 11AM-2PM

Vendor Information:

Contact Name: _____

Company: _____

Address: _____

Email: _____

Phone: _____

Vendor Space Pricing:

1 Table, 2 Chairs & Business Card Ad in Event Program: \$50



Payment:

Check* Credit Card _____ Paid Online
(can call office with card number if preferred)

Exp Date _____ CVC _____

**Checks payable to BSBAC*

Contact Info:

For more information or to forward ad copy, please contact:

Reghan Swenson
rswenson@bsbac.com, 830-438-3111
BSBAC, 30280 Cougar Bend, Bulverde, TX 78163



WWW.BSBAC.COM/STYLE-SHOW