



Remembering
THE DREAMER

Honoring
THE VISION



Vendor Booth Confirmation Form

Please email to IndiaWelchMin@gmail.com or fax to (727) 864-2023 no later than March 2, 2018.

Organization/Business Name: _____

Organization/Business Type: Non-Profit Organization/Group (Free)
 Private Business (\$50 Registration Fee required*)

Contact Person: _____

Address: _____

Phone No.: _____ Email Address: _____

Number of People Attending to Booth: _____

6-8 foot table and two chairs will be provided per vendor/organization

Please explain any special needs: _____

Event Date: Saturday, March 17, 2018

Event Time: 11:00AM TO 4:00PM

**Location: St. Petersburg College – Allstate Center
3200 34th Street South
St. Petersburg, FL 33711**

*Please make check or money order payable to “India Welch Ministries, Inc.”

Mailing Address: PO Box 10157

St. Petersburg, FL 33733

Please email your company or organization logo for the Community Resource Directory.

If you have any questions or concerns, please feel free to contact Donna Welch at (727) 422-6827 or Courtney Roberts (727) 249-5906 or email us at IndiaWelchMin@gmail.com. For more information, you may also visit our website at www.indiawelchministries.org.