



**Register Early
Space Is Limited!**
Email registration to:
cbinns@kpts.org

REGISTRATION FORM

Company Name _____ Phone # _____

SPONSORSHIP LEVEL:

☐ **PLATINUM \$3000** ☐ **GOLD \$2000** ☐ **SILVER \$1200** ☐ **BRONZE \$800**

CONTACT INFORMATION

First Name _____ Last Name _____

Address _____ City _____ Zip Code _____

E-Mail _____

If you plan to sell merchandise or services please supply your:

Federal Tax I.D.# _____

State Tax I.D.# _____

PAYMENT:

☐ **VISA** ☐ **Mastercard** ☐ **Check**

Card# _____ Expiration Date _____

Prize drawing: Vendors are required to have a prize drawing with a minimum value of \$40 with the winner posted at 2:30 p.m. on the day of the event. We request that vendors require only name, address, phone number to protect visitors from potential identity theft/and or fraud.

Signature _____

Colene Binns

PBS Kansas Account Executive

Cell: 316.244.4530

cbinns@kpts.org

Vendor

THANK YOU FOR
YOUR SPONSORSHIP

