

SOUTHERN CALIFORNIA SECURITY ASSOCIATION

6520 Platt Avenue, Suite 553 West Hills CA 91307

Call 866-494-7272

www.scsaonline.com

Vendors Night

August 9, 2011

**The Castaway Restaurant, 1250 E Harvard Dr., Burbank
show starts at 5:30 pm**

Company Name _____

Local Contact Person _____

Local Mailing Address _____

City _____ State _____

Zip _____ Phone _____

Cell Phone _____ Fax _____

Email _____

Vendors Night Exhibitor Fee \$500.00 includes one meal

Additional meals \$50.00

Do you require electrical service? Yes No

Please bring your door prize with you and let us know what it is in advance for promotional purposes. _____

Vendors Night Exhibitor Fee is payable in full in advance. Vendors Night set-up will not be allowed without confirmed full payment in advance.

I authorize SCSA to charge the credit card identified below for the services indicated. If there is a past due balance, I authorize SCSA to apply all current charges to the following VISA or MasterCard account [Circle one].

Account No. _____ Exp. Date _____ Security Code _____

Authorized Signature _____

Name on Card – Please print _____

This is a valid and binding agreement. I will pay to SCSA all charges indicated above.

By _____ Date _____

PLEASE FAX THIS FORM TO SCSA AT 800-475-5169