



**Charlotte Chapter of Hadassah  
Israeli Products and Travel Fair – November 13, 2016**

- **Location:** Sam Lerner Center, Shalom Park, 5007 Providence Road, Charlotte, NC 28226
- **Time:** Setup is after 8:00am Clean up and removal of all items between 2 PM – 3 PM
- **Open to Public:** 10:00 am to 2:00 pm - Rain or Shine
- **Cost:** A table will be reserved for you at the cost of \$36.00 for first table plus \$18 for each additional table if this form **and** payment is received by **SEPTEMBER 30, 2016**. Thereafter, costs will be \$50 for first table, plus \$25 for each additional table, **NO EXCEPTIONS**. All table fees must be paid prior to the day of the Fair. 18% of sales from the Fair are payable on the day of the event. No refunds for any circumstances – including weather.
- All vendors must be selling goods or services made in Israel or with a Jewish/Kosher/Jewish Holiday theme.
- We have the right to deny or refuse the application from any business or person for any reason.
- Each vendor is responsible for their own monetary transaction and all applicable taxes.
- **Station Equipment:** We will provide one table 8 ft and 2 chairs plus a plastic table cloth per station. You **MUST** provide all other items. Please check with us for electrical outlets/usage.
- Paid vendors receive a 50% discount off Charlotte Jewish News (4500 circulation) retail advertisement rates
- **Questions:** Contact Shellie Barer at 516-375-4708 or by e-mail at s.barer@yahoo.com.

**Application and Certificate of Compliance**

*(Mail both completed form with a check payable to Hadassah,  
to Shellie Barer, Hadassah Israeli Products Fair, 8604 Dennington Grove Lane, Charlotte, NC 28277 )*

**Name:** \_\_\_\_\_ **Tax ID Number:** \_\_\_\_\_

**Business Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Items for sale and relevance to program:** \_\_\_\_\_

**It is requested that every vendor donate an item to be raffled off at the Fair. Donations will be acknowledged in promotional materials. Please indicate what you would like to donate:** \_\_\_\_\_

_____ \$36 for first table <b>PRIOR TO 9/30/16</b>	_____ \$50 for first table <b>AFTER 9/30/16</b>
_____ \$18 for additional table prior to 9/30/16	_____ \$25 for each additional table after 9/30/16
_____ <b>TOTAL (Including any additional donation to the Fair)</b>	_____ <b>TOTAL (Including any additional donation to the Fair)</b>
_____ Check enclosed	_____ Please charge my credit card (Visa, MasterCard)
<b>Name on card:</b> _____	<b>Card Number:</b> _____
<b>Expiration:</b> _____	<b>Security Code:</b> _____

Complete section below if you are not required to have a North Carolina Tax ID Number.

- I am selling only non-taxable items
- I am not making any sales at the event
- I participate in direct selling plan, selling for \_\_\_\_\_ (name of company), and the home office or top distributor has a Tax ID number and remits the sales tax
- This is a nonprofit tax exempt organization: 501 (c) (3): \_\_\_\_\_

I declare that the information on this form is true and correct to the best of my belief and that I am authorized to sign this form.

\_\_\_\_\_ (Name) \_\_\_\_\_ (Date)

*For Office Use:* Check Number: \_\_\_\_\_ Amount: \_\_\_\_\_ Space #: \_\_\_\_\_