Vendor Registration Form

Name	TTOS#Phone
Email	
	APT
City	StateZIP
Number of tables	x\$20 (TTOS) / \$25 (others)(6 max per seller)
After 11/8/22:	_x\$35 Power\$35 (One helper admission/seller)
Make checks payable	to: TTOS-SP Division. Total enclosed:
	-OR-
VISA, MasterCard #_	Exp Date
Verification Code	Signature
Billing Name	
Address	APT
City	StateZIP

Mail with your completed California Events Certification form to:

TTOS-SP Division P.O. Box 70946 Riverside, CA 92513