Starfest 2024 Vendor-Sponsor Application and Registration Form

(Prices in Canadian Dollars)

Instructions

- To sign up as a Starfest sponsor and/or register to attend Starfest as a Commercial Vendor/Exhibitor please complete this form on-screen using the <u>latest version</u> of Adobe Acrobat Reader DC (available at <u>https://get.adobe.com/reader</u>), save the form to your hard disk and return a signed copy to <u>vendorcontact@nyaa.ca</u>.
- If fees are owing, please submit an e-payment to treasurer@nyaa.ca or you can mail a cheque payable to North York Astronomical Association, to Glenn Slover, c/o NYAA, 26 Porterfield Crescent, Thornhill, Ontario, L3T 4S7, Canada.

A. Provide Contact Information

	Company Name	Name of Contact Person		Email of C	ontact Person			
	Street Address	City	Prov/State	Postal/Zip Code	Country	Phone (xxx-xxx-xxxx)		
В.	Select Sponsorship Option							
I. Registration Kit Advertising Inserts (\$65 fee)								
	II. Door Prize Contributor							
	III. Attend Starfest as Commercial Vendor/Exhibitor (\$75 registration fee; no charge for Advertising Inserts)							

IV. Would like to be a Keynote Speaker Sponsor (2 available) (\$1,000 CAD Door Prize value minimum; Commercial Vendor/Exhibitor privileges included at no charge)

C. Describe Door Prizes

D. Select Arrival Date, Provide License Plate #, and Names of Company Attendees (4 maximum*) if you Selected Options III or IV

	Select Arrival Date		Name of Attendee 1			Name of Attendee 2			
	Vehicle License Number		Name of Attendee 3			Name of Attendee 4			
E. Determ	iine Fees								
	If you selected Option	only OR if you selected	Option I and II: – Regi	stration Kit Advertising Fe	e (\$65)		\$		
	If you selected Option III: Commercial Vendor/Exhibitor Registration Fee (\$75)						\$		
	If you selected Options III or IV: Camping at Starfest or Daily Entrance Fees								
	Partia OR	I Service Trailer/Camper	Site	Number of Nights	x \$52.00		\$		
	Full S OR	ervice Trailer Site/Campe	er Site	Number of Nights	x \$62.00		\$		
	Group OR	o Tent Camping		Number of Nights	x \$45.00		\$		
	Daily	Entrance Fee		Number of Days	x \$36.00		\$		
	Total Remittance						\$		
* Include	es the Contact Person if the Conta	oct Person is attending		Date:		Signature:			
				Bate.		Signature.			