



Leading-edge testing ~ Patient-centered care

Sleep Medical Centers

Doctor Consultations, Sleep Testing
CPAP & Oxygen Equipment
Your All-In-One Sleep Solution

Call 919-477-1588 / 866-499-1588
Fax 919-477-1688 / 866-499-1288

www.feelinggreatsleepcenter.com



3rd Annual Snore & Roar Classic Car Show Saturday, October 4, 2014 - Vendor Application & Guidelines

We would like to invite you to be part of our 3rd Annual Snore & Roar Classic Car Show as we celebrate Sleep Awareness Week. Location of booths will be advertised in flyers & signage will be displayed throughout the event.

VENDOR GUIDELINES

- Set up time is between 7:00am-9:30am on Saturday, October 4, 2014. Gates open at 7:00am.
- NO VENDOR VEHICLES WILL BE ADMITTED AFTER 9:30am in the vendor area. Vehicles will need to be unloaded and moved out of the set up area by 9:30am.
- Booths are required to stay open until 4:00pm. Material must be appropriate for a family festival.
- No electrical hook-ups, tables, or chairs provided.
- Spaces are 10'x10'; however, **larger spaces are available upon request** by listing requested space below. Please allow for trailer/tent stakes in request. No space will be held without payment. This is a non-refundable booth fee. **Payment must be made by Wednesday, October 1, 2014.**
- Vendors are responsible for cleaning their own areas and taking all trash to the dumpsters. All boxes are to be broken down flat and not used for trash.
- We are not responsible for items broken, lost or stolen, or for accidents incurred during the day.

Make checks payable to Feeling Great & mail to:

**Feeling Great Car Show – Attn: Miriam
4111 Capitol Street
Durham, NC 27704**

Payment is due by 10/01/2014 and is \$20 per booth

LOCATION - **Durham, NC**
Parking Lots between Roxboro Rd & Duke St before North Duke Mall
3404 North Duke Street, Durham, NC 27704

For more information, contact Miriam at 919-477-1588
or email: Miriam@FeelingGreatSleepCenter.com

Detach and Mail with Payment to Address Above

Vendor Name: _____ Email: _____

Address: _____ City _____ State _____ Zip _____

Number of 10'x10' spaces _____ Will you have a generator? _____ If yes, Size _____

Contact person _____ Phone(s): _____

Category: Arts/Crafts _____ Commercial _____ Food/Drink _____ Health _____ Other _____

Description of your booth (type& size of unit/tent to be used) and special requests _____

NO GENERATORS UNLESS THEY ARE LISTED ON THIS FORM!