



# VENDOR APPLICATION

Tuesday, March 19, 2024  
7:30am-Noon  
Grant County 4-H Complex  
517 Flynn Dr • Milbank, SD

## VENDOR INFORMATION

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

Contact Name: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Description of items to be sold/exhibited/given away: \_\_\_\_\_

\_\_\_\_\_

## VENDOR FEES

\_\_\_\_\_ Chamber Member Rate – \$70.00

\_\_\_\_\_ Non Member Rate – \$100.00

\_\_\_\_\_ Sponsor Rate – complementary booth with sponsorship

**Call us to find out more about  
the benefits of Chamber membership!**

- **Limited spaces are available.** Submit your application early. Sponsors are given first priority. All other vendor requests will be accommodated on a first come, first served basis—with Chamber members receiving priority if notified by February 23, 2024. Submitting your application does not guarantee your participation. You will be contacted to confirm your application has been accepted.
- Each booth space is 10X10.
- Each exhibitor/vendor is responsible for bringing their own table and chairs.
- There will be no electric available.
- Set up is from 6:45am-7:15am. Event begins at 7:30am
- In order to make this a fun event, we encourage the vendors to give away company swag or do a gift basket drawing to increase engagement at their booths.

*Milbank Area Chamber of Commerce and Grant County will be held harmless and not responsible in the event of theft or damage to merchandise belonging to or any and all injuries incurred by exhibitor at this event. All fees are nonrefundable. The vendor is responsible to know and follow all state vendor regulations.*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Vendor Signature Date

**MUST RECEIVE FORM & PAYMENT BY FRIDAY, MARCH 8, 2024**  
**LIMITED SPACES ARE AVAILABLE—EARLY REGISTRATION ENCOURAGED**

Milbank Area Chamber of Commerce | 1001 E 4th Ave, Ste 101 • Milbank, SD 57252  
605-432-6656 | chamberinfo@milbanksd.com

  
Agriculture Committee

### OFFICE USE ONLY:

Total Due: \$ \_\_\_\_\_

Invoice # \_\_\_\_\_

Date Paid: \_\_\_\_\_

Payment Method: Cash | Check | Credit Card

Check Number: \_\_\_\_\_