



48th ANNUAL ANTIQUES FAIR
Saturday, August 24, 2019

CONTRACT APPLICATION

Exhibitor's Name _____

Business Name (for MHS Fair Dealer listing) _____

Address _____

Home Phone _____ Mobile _____

Email _____ Website _____

CT State Sales Tax # _____

Description of Merchandise _____

Publicity Suggestions _____

Please sign below to acknowledge that you have read and understand the terms of the contract as detailed on page three.

Signature _____ Date _____

For more information, visit our website at www.madisonhistory.org. You can also email us at director@madisonhistory.org or call the office at (203) 245-4567.