

**PLEASE FILL IN THE INFORMATION REQUIRED AND RETURN TO:
AUTUMNFEST P.O. BOX 574, Woonsocket, RI 02895**

**A NON- REFUNDABLE DEPOSIT FOR HALF THE SERVICES
SELECTED IS TO ACCOMPANY THE APPLICATION.
BALANCE DUE SEPTEMBER 24, 2008**

Make Checks payable to: "autumnfest showcase"

BUSINESS AND CONTACT PERSON:

ADDRESS: _____ **CITY:** _____

STATE: _____ **ZIP:** _____ **PHONE:** (____) (____) (____)

FAX: (____) (____) (____) **CELL:** (____) (____) (____)

"E" MAIL: _____

SIGNATURE OF EXHIBITOR: _____

**AUTUMNFEST CONTACT:
LORRAINE CLOUTIER 401-762-9072 FAX 401-769-2421**