



## Contract Agreement, Registration Form, and Information

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Please read the contract terms below carefully and in full. If you are interested in sponsoring, please

**Note:** There will be a Health Department \$50.00/artist fee for licensing which is included on this form.

### Dates/Times:

Friday	October 19, 2018	(4:00pm – 11:00pm)
Saturday	October 20, 2018	(12:00pm – 11:00pm)
Sunday	October 21, 2018	(12:00pm – 8:00pm)

### Location:

Connecticut Convention Center  
100 Columbus Blvd.  
Hartford, CT 06103

### Set-Up/Break-Down:

Set-up will be Friday, October 19th from 9am till 12pm. We must be completely set-up by 12pm for the health department to do their inspection and make sure you are following their guidelines so we can open the doors by 4pm. For your convenience you may enter through the loading dock located at the back of the building.

### Booth Reservation & Important Info:

- Each booth rented includes: 10'x10' space, (2) vendor passes, (2) tables, and (2) chairs.
- All booth reservations/locations will be made on a first come, first serve basis, with payment in full.
- **No refunds on payments.**
- Additional 3-day passes are \$30.00ea. if payment is included with contract or \$40.00ea. at door.
- Additional tables and chairs must be rented in advance at \$20.00 for (1) 8ft. table and (2) chairs.  
We cannot provide extra tables/chairs the day of so please be sure to reserve now if need be.
- Medical waste removal is provided by Tommy's Supplies.

# Registration Form 2018:

Please fill out all information below neatly. If you have more than 2 booths write the artists names on the back of the page.

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

Artist Name #1: \_\_\_\_\_ #2: \_\_\_\_\_

#3: \_\_\_\_\_ #4: \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_

State, Zip: \_\_\_\_\_ Website/Facebook: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**PRE-REGISTER BY JULY 1ST AND PAY ONLY \$550 PER BOOTH QTY\_\_\_ X \$550 = \$\_\_\_\_\_**

**(MUST SEND IN FULL PAYMENT & ALL PAPERWORK AT ONCE TO RECEIVE THE DISCOUNT ABOVE, OR IT WILL BE DENIED)**

Included with your booth purchase: (1) 10x10 Booth, (2) Tables, & (2) Chairs, & (2) Passes

### Fill Out Now

Health Department: \$50.00 Per Artist = \$\_\_\_\_\_

Extra Three Day Passes: Qty\_\_\_\_\_ x \$30 = \$\_\_\_\_\_

**Note:** Only 2 passes are included with booth purchase.

Extras can be purchase for \$30 before the event starts.

### After Pre-Registration Date

1 Booth: \$600 = \$\_\_\_\_\_ (10x10 Booth)

2 Booths: \$1175 = \$\_\_\_\_\_ (10x20 Booth)

3 Booths: \$1750 = \$\_\_\_\_\_ (10x30 Booth)

Corner Booth Extra ( \$50 ) = \$\_\_\_\_\_

**GRAND TOTAL \$ \_\_\_\_\_**

**Important Note:** All Health & booth rental payments needs to be made payable to Tommy's Supplies. Tommy's Supplies will assume payment to the CT Health Department after all payments have been made. **Each** artist also must fill/have a **Health Permit Form, Blood Bourne, & Photo Id** but only one person fills out the **Registration Form** per booth. Print out extra health forms for more than 1 artist. Please send in all your paperwork together so there are no mistakes on getting you registered to tattoo at our show.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*The signing of this contract absolves Tommy's Tattoo Convention, CT Convention Center, the City of Hartford, CT, of any and all liability, accidents, fire, theft, blood-borne pathogens, or diseases having to do with the 2018 Tommy's Tattoo Convention.*

**Payment Info** - Checks and money orders can be made payable and sent to:

Tommy's Supplies / 34 Egypt Rd Unit A / Somers, CT 06071

*Write in Memo: Tommy's Tattoo Convention 2018*

# Credit Card Authorization Form 2018:

If paying by credit card, please fill out this form completely & email, mail, or fax to Tommy's Supplies.  
Credit Card & Billing Address must match. Please print neat & clear so we are able to read it correctly

I, (Your Name) \_\_\_\_\_ with  
(Company Name) \_\_\_\_\_, authorize charges below.

Process credit card charges for Tommy's Tattoo Convention For \$\_\_\_\_\_.

Name as it appears on credit card: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

(Please mark X next to your choice) Visa \_\_\_\_\_ Master \_\_\_\_\_ Amex \_\_\_\_\_ Discover \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_ (3 digit code typically located on back of card)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Payment Info & Options:

Please return application as soon as possible in order to reserve your booth. We accept all major credit cards. Checks and money orders can be made payable and sent to:

**Mail All Forms:** Tommy's Supplies / 34 Egypt Rd, Unit A / Somers, CT 06071

**Email All Forms:** [tommystattooconvention@tommysupplies.com](mailto:tommystattooconvention@tommysupplies.com)

**Contact Tommy's Supplies with any questions (860) 265-2199**