



Contract Agreement, Registration Form, and Information

Please read the contract terms below carefully. If you are interested in sponsoring, please let us know!

Dates/Times:

Friday October 8th, 2027 (4:00pm – 11:00pm)
Saturday October 9th, 2027 (11:00am – 11:00pm)
Sunday October 10th, 2027 (11:00am – 8:00pm)

New Location:

Mohegan Sun Expo Center
1 Mohegan Sun Blvd
Uncasville, CT 06382

Set-Up/Break-Down:

Set-up will take place on Friday October 8th from 9:00 AM to 3:00 PM. All artists must be completely set up by 12:00 PM to allow the health department to complete their inspections before we open the doors at 4:00 PM. For your convenience, you may use the loading dock located at the back of the convention center once you have obtained a dock pass from the Bear Lot. Vendors with trailers can park in Mohegan Sun's parking lot for FREE.

Included With Your Booth Reservation & Important Info:

- Each booth rented includes: 10'x10' space, (2) vendor passes, (2) tables, and (2) chairs.
- All booth reservations are guaranteed & final on a first come, first serve basis, with payment in FULL.
- Additional 3-day passes are \$40.00ea. if payment is included with contract or \$50.00ea. at door.
- Additional tables can be rented at the event from Demers Expo Services. (860) 882-0003
- Medical waste removal is provided by Tommy's Supplies.
- **No refunds on payments.**

Important Note: All booth rental payments needs to be made payable to Tommy's Supplies. Each artist must fill out & have a Health Permit Form, Blood Bourne, & Photo Id, but only one person fills out the Registration Form per booth. Only one health form is needed for each registration with all artists' names listed on the one health form. Please send in all your paperwork together so there are no mistakes on getting you registered to tattoo at our show.

Registration Form 2027:

Please fill out all information very neatly. If you have 6 people or more write names on the back.

Shop/Vendor Name: _____

Artists #1: _____ #2: _____
#3: _____ #4: _____
#5: _____ #6: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Telephone: (_____) _____ - _____

Web, IG, or FB: _____

Fill Out (NO HEALTH FEES)

How Many Booths

Booth are **\$775** each

Booth: Qty _____ x **\$775** = \$ _____

Corner Booths: Qty: 1 or 2 x **\$75** = \$ _____

Extra Wristbands: Qty: _____ x **\$40** = \$ _____

Sponsor Pkg1 with Booth Sale Only: **\$100** = \$ _____

Sponsor Pkg2 with Booth Sale Only: **\$100** = \$ _____

GRAND TOTAL \$ _____

Important Info

Note: Only 2 passes are included per booth.

Extra 3 Day wristbands can be purchased before event starts ONLY.

Booth Includes: 10'x10' space, (2) Passes
(2) 6' tables, and (2) chairs

Logo on (Web, Email Blasts, Big Stage Monitor)

Logo on (Vendor Badges & Post Cards) **Limited**

Special Request Below (**Not Guaranteed**)

Signature: _____ Date: _____

By signing this contract above for Tommy's Tattoo Convention 2027 at the Mohegan Sun Expo Center means you understand and will abide by this contract and agreement.

Payment Info - All checks or money orders can be made payable and sent to:
Tommy's Supplies / 34 Egypt Rd Unit A / Somers, CT 06071

Write in Memo: **TTC2027**

Credit Card Authorization Form 2027:

If paying by credit card, fill out this form completely & email or mail it to us.

Credit Card & Billing Address must match. Please print neat & clear so we are able to read it correctly

Name as it appears on the card _____

Authorized Credit Card Charge Amount \$ _____

Street Address: _____

City: _____ State: _____ Zip: _____

Country: _____ Phone Number: (____) _____ - _____

(Credit Card Type) 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.

Credit Card & Registration Forms can be sent by:

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

Email All Forms: ttconvention@tommyssupplies.com

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



**Mohegan
Tribe**
HEALTH DEPARTMENT

Mohegan Tribe Health Department
13 Crow Hill Road Uncasville, CT 06382

Email: _____

APPLICATION FOR TEMPORARY HEALTH AND BEAUTY LICENSE
Application must be received no later than 10 business days prior to the event.

Please fill out one form per booth. All names must be provided for everyone performing services at the booth.

Name of Booth/Vendor: _____

Business address: _____

Phone Number: _____ Email: _____

Name of Event: _____ Date(s) of Event: _____

Names of all persons (Legal Name Only) performing services at your Booth: _____

The following **MUST BE SUBMITTED** with application:

- **Copy of Driver's license or photo I.D.**
- **Copy of Professional License (if applicable)**
- **Please check all services that will be performed at the booth:**

☐ Barbering

☐ Cosmetology/Hairdressing

☐ Esthetician

☐ Eye Lashes

☐ Massage

☐ Nails

☐ Tattooing

☐ Body Piercing

☐ Other (Please Specify): _____

- **For Tattoo Professionals ONLY:**

- Documentation of Hepatitis B Vaccination or check refused. ☐ Refused
- Copy of Blood-borne Pathogens training certificate.
- Where are needles discarded? _____
 - **NOTE: ALL NEEDLES AND UTENSILS MUST BE SINGLE SERVICE AND DISCARDED AFTER EACH CLIENT.**
- How will biohazard waste be stored and removed? _____

I certify that all the above information is true and correct, and I understand any falsification of any information is cause for denial to participate in the event. I agree to report any change in my application promptly to the Mohegan Tribe Health Department.

Applicant Signature: _____ Date: _____



WEBSITE LISING INFO

This information is to be listed on our website. Only one form per artists booth needed. If you have more than nine artists, please print more copies and submit them together.

Name of Artists Booth: _____

Each Artist's Information: (Be sure to put the name you want listed on the website)

1. Name: _____ IG/FB: _____

Email: _____ Phone/Town/State: _____

2. Name: _____ IG/FB: _____

Email: _____ Phone/Town/State: _____

3. Name: _____ IG/FB: _____

Email: _____ Phone/Town/State: _____

4. Name: _____ IG/FB: _____

Email: _____ Phone/Town/State: _____

5. Name: _____ IG/FB: _____

Email: _____ Phone/Town/State: _____

6. Name: _____ IG/FB: _____

Email: _____ Phone/Town/State: _____

7. Name: _____ IG/FB: _____

Email: _____ Phone/Town/State: _____

8. Name: _____ IG/FB: _____

Email: _____ Phone/Town/State: _____

9. Name: _____ IG/FB: _____

Email: _____ Phone/Town/State: _____



Overall Checklist & Information

Checklist To Participate At Our Show:

- ☐ Temporary Body Arts Application (**No Fee**)
- ☐ Blood Borne Pathogen Certificate
- ☐ Copy of your license or photo Id
- ☐ Booth Registration Forms with full payment
- ☐ Website Listing Form

Mail or Email All Forms & Payments To:

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

Email – ttconvention@tommyssupplies.com

Note: We accept all major credit cards

Please contact us with any questions:

Tommy's Supplies
Phone: (860) 265-2199