



The WEST/ROCK AFRICAN AMERICAN BOOK FAIR

Of Greater Westchester & Rockland Counties

EXHIBITOR APPLICATION FORM

EARLY REGISTRATION DEADLINE: January 31, 2009

FINAL REGISTRATION DEADLINE: May 4, 2009

Bookseller/Vendor/Company _____ Contact name: _____

Address: (no P.O. Boxes) _____ City: _____ St: _____ Zip: _____

Phone: () _____ Fax: () _____ Email: _____

* Sales Tax OR Social Security #: _____ * We do ___ do not ___ plan to sell books or book-related materials.

*** (ANSWERS REQUIRED. APPLICATION WILL NOT BE PROCESSED WITHOUT INFORMATION.)**

Space Reservation

I/We would like to apply for _____ exhibitor space(s) for West/Rock. West/Rock will be held on Saturday, May 16th 2009 from 11:00a.m. to 6:00p.m. on South 4th Avenue, Mount Vernon, NY (Mount Vernon business district), rain or shine. No refunds are issued. One (1) table and two (2) chairs are included with your registration. **Exhibitors may bring their own 10'x10' tent and additional tables and chairs. No tents larger than 10'x10' are allowed. Full payment is due with the completed exhibitor application form.** No space sharing is allowed. Your participation indicates agreement with all terms. You will receive placement confirmation via email within 14 business days. **BRING A COPY OF YOUR LETTER AS PROOF OF REGISTRATION.**

Exhibitor Fees (Register Early! Placement in Response Order)

Category	Early Registration (mailed by 01/31/09)	Late Registration (mailed by 05/04/09)
Sponsorship	Contact AACCNYS Office	
Publisher	\$100. \$ _____	\$125. \$ _____
Independent Press	\$100. \$ _____	\$125. \$ _____
Children's Book Publisher or Small Press	\$100. \$ _____	\$125. \$ _____
Book Vendor	\$100. \$ _____	\$125. \$ _____
Not-for-profit Organization	\$100. \$ _____	\$125. \$ _____
Individual or Self-Published Author	\$100. \$ _____	\$125. \$ _____
Art/Cultural/Commercial Retailer	\$100. \$ _____	\$125. \$ _____
Food Vendor	\$100. \$ _____	\$125. \$ _____
	Total Paid	\$ _____

Genre or Vendor type:

___ Fiction ___ Nonfiction ___ Children/YA ___ Poetry ___ Religious ___ Food ___ Art/Culture/Commercial Retailer

Pay Exhibitor Application Fee Online:



CREDIT CARD APPLICATIONS CAN BE FAXED TO 914.231.6981. WE ACCEPT VISA/MC/AMEX

Name on Card: _____ Card #: _____ Exp. Date: _____

Signature: _____ Print name: _____ Date: _____

Please make checks payable to the West/Rock Book Fair (no checks accepted after 05/4/09)

Mail to West/Rock Book Fair PO Box 422 Cranbury, NJ 08512 or email to westrock@gbr.com

For additional information, call (212) 348.1681 or Fax application to 914.231.6981

For sponsorship information, call (914) 699-9050