

***The Claridge Hotel***

***123 South Indiana Ave***

***Atlantic City, NJ 08401***

***$119 + tax & resort fee per night***

***Reservation Code: KENNYJ***

***Website:*** [***http://claridge.com/***](http://claridge.com/)

***Phone: 1-844-224-7386***

**I am Kenny J Productions**

**PO Box 730**

**Maple Shade NJ 08052**

**Telephone: 609-733-3621**

**Email:** iakjp@iamkennyj.com

**Web:** [www.iamkennyj.com](http://www.iamkennyj.com)

**I AM KENNY J PRODUCTIONS**

**WEEKEND EXTRAVAGANZA,**

**SOUL LINE DANCE SYMPOSIUM AND**

**SCHOLARSHIP AWARDS CEREMONY**

**November 1-3, 2019**

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***Vendor Registration Form***

 ***Please Print***

|  |
| --- |
| Business Name:  |
| Attendee Name: |
| Address: |
| City, State, Zip: |
| Phone: | Email:  |
| Selling Merchandise:  |
| Additional Attendee Name: |
| T-Shirt Size:*(if applicable)*  | **S** | **M** | **L** | **XL** | **2X** | **3X** | **4X** |
| **Registration Packages:** |
| **Platinum: Vendor Plus Package** Includes: 3 Day Vendor fee and 2 event registrations | **$400.00** |
| **Gold: Vendor Package**Includes: 3 Day Vendor fee and 1 event registration | **$250.00** |
| **Silver: Vendor (Saturday) Day Package**  Includes: Saturday Vendor fee only  | **$100.00** |
| **Bronze: Vendor (Friday or Sunday) Day Package**Includes: Friday **or** Sunday Vendor fee only | **$75.00** |
| **Additional Table Fee** | **$75.00** |
| **Additional T-Shirt size (**Platinum package only**) S M L XL 2X 3X 4X** |  |
| **Total** |  |

***Make checks payable to: I Am Kenny J Productions***

***Credit Card Payment ($5 processing fee) available online at*** [***www.iamkennyj.com***](http://www.iamkennyj.com)

***ALL VENDOR FEES MUST BE PAID IN FULL PRIOR TO SET UP***

Due to limited space, we are only able to accommodate outside fixtures (clothes racks, etc.) on a case by case, first come/first serve basis. If you are approved, you would be allowed to use one (1) fixture in addition to the table we provide (***pre-approval required***). However, if you are in need of additional space, you have the option of purchasing an additional table for a flat fee of **$75**.

Signature:

|  |
| --- |
| ***IAKJP Admin only*** |
| **Date Rec’d:** | **Total Amount:** | **Rec’d by:** | **Payment Type:** |