## **APPLICATION FOR ARTIST ALLEY**

We will gladly introduce you to the venue representative.



I understand the terms and conditions.

	COMPANY NAME:		
	CONTACT NAMES:		
	ADDRESS:		
	CITY:		
	POSTAL CODE:		
	PHONE:		
	EMAIL:		
	PRODUCTS WE CARRY:		
	а	\$285 x  Add \$100 YES  Subtotal  13% HST  TOTAL  50 deposit due upon submitting pplication with the balance due by uly 1, 2024	Preferred Payment Method Cash Cheque PayPal Etransfer  PLEASE MAKE ALL CHEQUES PAYABLE TO HAMILTON COMIC CON LTD.  19 Champa Drive St. Catharines, ON, L2M 3K1  Matt Miller Email: matt@hamiltoncomiccon.ca Paypal Payment: payments@hamiltoncomiccon.ca
Vendor Hamilto SUNDA PLEASE fully sta	ation requires 60 days notice to receive refund. Deposition in will be FRIDAY, SEPTEMBER 20 from 12PM - 8P on Comic Con 2024 is open to the public for two days: Say, SEPTEMBER 22 10AM - 4PM at the Hamilton Convertion in Comic Con suggests all exhibitors supply their own Comic Con cannot be held accountable in regards to	M. Saturday load in is available upon special request  ATURDAY, SEPTEMBER 21 10AM - 5PM and ntion Centre - 1 Summers Ln, Hamilton, ON vention 30 minutes earlier. Please be ready and n insurance. If you do not have your own insurance,	Date Signature