



Dedicated to Freedom of the Road

A.B.A.T.E. of Oregon, Inc.

P. O. Box 4504 Portland, Oregon 97208

**All Motorcycle Spring Swap Meet
Sunday, April 25, 2010**

Portland Armory, 10000 NE 33rd Drive, Portland, OR

email: Swapmeet@abateoforegon.net

phone: Patricia 503-475-8765

VENDOR REGISTRATION FORM

Name: _____

Company Name: _____

Address: _____

City, State and ZIP: _____

Phone: _____

Email: _____ Fax: _____

Type of Product you are selling _____

Non-Member Fees		Total
How many Non-Member 10' X 10' Vendor Spaces	_____ at \$45.00 each	\$ _____
How many extra Non-Member admissions	_____ at \$ 8.00 each	\$ _____

Member Fees (Provide current membership number and names)

How many Member 10' X 10' Vendor Spaces	_____ at \$40.00 each	\$ _____
How many extra Member admissions	_____ at \$ 5.00 each	\$ _____

Please indicate if you prefer booth inside or outside _____

Comments and Requests:

A.B.A.T.E Use only: _____ Date Received: _____ Payment Received: _____ Cashier Check/M.O.: _____ Wristband: _____ Receipt: _____	Return form by email to swapmeet@abateoforegon.net Or mail A.B.A.T.E. of Oregon, Inc. Attn: Swap Meet Coordinator P.O. Box 4504 Portland, OR 97208
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