



**Celebrating 22 years**  
**Saturday October 10th -11AM – 4PM**  
**Rain Date October 11th**

120 Enterprise Street  
 Sterling, VA 20164  
 Phone: 703-430-9480  
[www.sterlingfoundation.org](http://www.sterlingfoundation.org)  
 click: sterlingfest link

**REGISTRATION FORM FOR  
 BUSINESSES REGISTRATION**

Please note that spaces are available on a first come first serve basis. **Your payment must be received by September 1, 2009 to secure your business' 10' x 10' booth space.** Please be aware that sponsorship opportunities are also available. For sponsorship information, please visit [www.sterlingfoundation.org](http://www.sterlingfoundation.org) and click the Sterlingfest link. If you have any questions concerning business booths, please contact Lisa Lampert at 703-460-9480. Mail your application with your check or money order payable to: **Sterling Foundation to the following address:**

Lisa Lampert C/O SterlingFest  
 Sterling Community Center  
 120 Enterprise Street  
 Sterling, VA 20164

**CONFIRMATION LETTERS WILL BE MAILED BY SEPTEMBER 10, 2009.**

**Applications will be accepted thru September 1, 2009.**

**Spaces will be limited to three "like" businesses for the event (i.e. banks, image consultants, etc.)**

**Request for specific booth spaces cannot be guaranteed.**

**Spaces will be assigned on a first come, first served basis.**

**Spaces are limited so please send your application in as early as possible.**

**Businesses with the same corporate name (i.e. Mary Kay, Longerberger Baskets) will be on a first come, first serve basis.**

**Only one of each direct marketing business will be allowed. The first Application/payment received will be the first business accepted.**

**This is an indoor/outdoor event and will be held rain or shine (rain date Oct 11, 2009).**

**No refunds will be given. A \$30 fee will be charged for checks with insufficient funds.**

**Please be reminded that all vendors are required to furnish their own tables**

**A table can be provided for your site for an additional fee of \$5.00**

*(Cut here and return bottom portion)*

Business name to appear on program: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Home: (\_\_\_\_) \_\_\_\_\_ Office: (\_\_\_\_) \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_

General Booth Description: \_\_\_\_\_

Please check the box if you have paid for a table

(For Office use only)

Date Received: \_\_\_\_\_ Ck#: \_\_\_\_\_ Space #: \_\_\_\_\_