

**Western Region Jail Association**

**VENDOR REGISTRATION FORM**

**Company:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Attending Events:** \_\_\_ Spring \_\_\_ Summer \_\_\_ Fall Vendor Fair \_\_\_

**REPRESENTATIVE(S) PLEASE WRITE LEGIBLY SO WE CAN GET THE SPELLING CORRECT FOR THE NAME BADGES**

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_