



*A Member of the AACA Museum Family*

### **Vendor Registration Form**

Vendor Name: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Pennsylvania/Transient Vendor License number: \_\_\_\_\_

*A Pennsylvania license or transient vendor license is required for all vendors.*

Number of Tables \_\_\_\_\_ x \$40 each      Total: \_\_\_\_\_

*Once your registration is received, you will receive an email confirming your space.*

**Thank you for your support!**

**Return this form and your payment by check to:  
Museum of Bus Transportation  
Attn: Spring Fling Vendor Registration  
161 Museum Drive  
Hershey, PA 17033**

