

# 2025 VRWA Fall Expo

October 20-22, 2025

## VENDOR REGISTRATION

Augusta Expoland 277 Expo Rd, Fishersville, VA 22939

PLEASE PRINT CLEARLY

**Company Name** \_\_\_\_\_

**Attendee 1 Name and Email** \_\_\_\_\_

**Attendee 2 Name and Email** \_\_\_\_\_

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

**City/ State / Zip** \_\_\_\_\_

**Description of Services** \_\_\_\_\_

### Select type of space needed

\_\_\_\_ Indoor or

\_\_\_\_ Outdoor (size \_\_\_\_\_ )

\_\_\_\_ Both indoor & outdoor

### Will you supply a prize for drawing?

YES / NO

Description: \_\_\_\_\_

### Times to Remember

- 2pm, Monday, October 20th- Vendor setup begins
- 7am, Tuesday, October 21st - Registration and breakfast begins.
- 7 am, Wednesday, October 22nd - Breakfast followed by classes.



**CIRCLE** YOUR CHOICE

### VENDOR REGISTRATION

Before September 15th

**MEMBER**  
Includes **2** reps

**\$350**  
per company

**NON-MEMBER**  
Includes **ONLY 1** rep

**\$450**  
per company

After September 15th

**\$450**  
per company

**\$550**  
per company

### ADDITIONAL VENDOR REPRESENTATIVE

member or non-member per each additional representative

NAME(S) \_\_\_\_\_

**\$150**

Quantity - \_\_\_\_\_

### SHIRT SPONSOR

Company logo on back.  
Email 300dpi or higher logo to  
email@vrwa.org by Sep 15.

**\$150**

**TOTAL:**

PLEASE PRINT CLEARLY

- Registration will not be complete until payment is received.
- There will be no refunds only substitutions.

### Payment Information

**Check** \_\_\_\_\_

**Credit Card** \_\_\_\_\_

**Name on Card** \_\_\_\_\_

**Card Number** \_\_\_\_\_

**Security Code** \_\_\_\_\_

**Expiration Date** \_\_\_\_\_

**Zip Code** \_\_\_\_\_

**Email Address to send receipt** \_\_\_\_\_

**Total to be charged** \_\_\_\_\_

Mail / Fax / Email completed forms to payment to: VRWA, 2138 Sycamore Ave, Buena Vista, VA 24416

Fax: 540-261-2465 Email: email@vrwa.org