



Exhibitor Application Form 2019

Traverse City Children's Book Festival
1129 Woodmere Ave
Suite B
Traverse City, MI 49686

Please provide the following information:

Company Name: _____

Contact person: _____

Address: _____

Phone: _____ Fax: _____

Email address: _____

Website: _____

Set Up Times: November 9, 2019 starting 8:30 am

Cost: \$100

Describe your exhibit: *(e.g., publisher, author, educational, etc.)*

What information or products will be available?

Special Requirements: *(i.e., electrical power)* _____

If you are selected as an exhibitor, we will contact you for payment.

For additional information contact Amy Shamroe at ashamroe@bookpublishing.com
Phone: 231-933-4954 Ext. 1000
Fax: 231-933-0448