



Deadline to Apply: September 1, 2025

Please note that you may NOT sell food products from your State Sales Table.

Affiliate Name: _____ Contact Name(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Website: _____

Email: _____

Description: Briefly describe your items for sale.

Price(s) Quantity: Please list price range(s) and approximate quantity of items available for sale.

State Sales Table Specifics:

- Tables are 6-foot skirted and are accompanied by two chairs. Additional fees are the responsibility of the vendor including electricity.
- State Sales Tables will be selected based on the quality of the items that they will have to sell, affordability, and uniqueness, as space is limited.
- On a separate paper, list any special needs you might think would be important for us to know in reviewing your application.

Number of Tables _____ X \$75.00 = \$ _____ enclosed.

Signature

Date

Please return this commitment form to:
Email: elane@executiveoffice.org or Fax 850-222-3019
Please make check or money order out to NEAFCS
Mail to: NEAFCS, 325 John Knox Rd. L-103, Tallahassee, FL 32303
Questions? Elizabeth Lane elane@executiveoffice.org or 850-205-5638