



Super Meet 2024

Vendor Registration Form

Name _____ TTOS# _____ Phone _____

Email _____

Address _____ APT _____

City _____ State _____ ZIP _____

Number of 8' tables _____ x\$20 (TTOS) / \$25 (others) _____ (6 max per seller)

After 12/1/24: _____ x\$30 Power _____ \$35 (One helper admission/seller)

Make checks payable to: TTOS-SP Division. Total enclosed: _____

Credit Card Payments: add 5% credit card fee.

-OR-

VISA, MasterCard # _____ Exp Date _____

Verification Code _____ Signature _____

Billing Name _____

Address _____ APT _____

City _____ State _____ ZIP _____

Mail with your completed California Events Certification form to:

TTOS-SP Division
2023 Super Meet
P.O. Box 70946
Riverside, CA 92513