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The Simsbury Chamber of Commerce is thrilled to announce that it is, once again, planning what promises to be THE community event of the year! Do you have a product or service that appeals to a broad base of consumers? Are you looking for an easy way to get it and your business name in front of THOUSANDS of them at once?

Then make the decision to be a **vendor** at the **Simsbury Spooktacular Chili Challenge**, sponsored by the Simsbury Chamber of Commerce! Last year's event attracted nearly 2,000 patrons and this year's event, on **Saturday, October 29, 2016**, will attract many more adults and children for the chili competition, chili tasting, trick-or-treating, live music, costume contest, beer/wine/hard cider, and **shopping among our vendors!**

A 10' x 10' vendor space is **just \$150.00** and allows you one-on-one personal contact to showcase your business, products, and services to the thousands of expected attendees.

I urge you to become a vendor at this fun community event, but hurry, vendor opportunities will sell out fast! Simply fill in the form below and return it by mail, fax or e-mail today!

Sponsorship opportunities are also available, starting at **just \$350!** For information, call Rob Britton at (860) 658-0177.

Invest in and support this exciting family event and grow interest in your company, services, and products by sponsoring the 2nd Annual Simsbury Spooktacular Chili Challenge.

Thank you for your consideration, and I look forward to hearing from you soon. Please feel free to contact me if you have any questions.

Sincerely,

Lisa Gray
Executive Director

Count me in! I can't wait to be a vendor at the 2nd Annual Simsbury Spooktacular Chili Challenge!

Business Name: _____ Contact Name: _____ Title: _____

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

Phone: _____ Cell Phone: _____ E-mail: _____

Website: _____ Please reserve _____ vendor table(s) at \$150 each.

I have enclosed my check made payable to "Simsbury Chamber of Commerce".

Please charge the full amount to my credit card as follows:

Amex Discover Mastercard Visa Name on card: _____

Account number: _____ Exp. Date: _____ Security Code: _____

Address where the statement is mailed: # and Street or P. O. Box _____ City: _____

State: _____ Zip: _____ E-mail where you would like a receipt sent (if different from above): _____

***Please note vendor spaces will not have a power supply.**