



LIST OF EXHIBITORS	NUMBER OF DAYS	FEE AMOUNT	CITY LICENSE NUMBER
BUSINESS NAME: _____ ADDRESS: _____			
PHONE #: _____ MO. TAX NUMBER: _____	_____ @ \$5.00	\$ _____	# _____
BUSINESS NAME: _____ ADDRESS: _____			
PHONE #: _____ MO. TAX NUMBER: _____	_____ @ \$5.00	\$ _____	# _____
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TOTAL MONEY

TOTAL COUNT THIS PAGE: \_\_\_\_\_

\$ \_\_\_\_\_

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