



February 22, 2019

Greetings Business Owner,

Capital City Steppers (CCS) of Raleigh, NC cordially invites you to become a vendor at our 11th Annual Carolina Summer Nights (CSN) event on Friday through Sunday, July 19<sup>th</sup> to 21<sup>st</sup>, 2019. CSN Vendors Row will be located in the Sheraton Imperial (Durham, NC) main ballroom gallery. The CSN planning committee seeks a diverse vendor mix for our dance weekend guests. Opportunities to display your products and services are available on the following days and times:

- Friday evening from 8pm to 2am
- Saturday from 10am to 4pm
- Saturday evening from 8pm to 2am
- Sunday from 11am to 5pm

A fee of \$75 for one (1) time slot, \$120 for two (2) time slots, \$160 for three (3) time slots, or \$195 for four (4) time slots will guarantee your table, two chairs, table cloth, approximately 10'x10' space and access to the hospitality suite. Some event/vendors row details are subject to change.

Space is limited and time slots will be assigned first come, first served based on receipt and approval of your completed vendor space request form. The committee reserves the right to refuse vendors' participation. Once approved, a non-refundable and non-transferable deposit of \$75 will be required to reserve vendor space. Detailed payment instructions will be provided. The remaining balance is due no later than Friday, July 5, 2019.

For consideration please complete and forward the attached form to [ncliders@yahoo.com](mailto:ncliders@yahoo.com); use "CSN Vendor" in the subject line. We sincerely thank you for your interest in joining us.

Kind Regards,

*Kimberly Jordan*

Kimberly Jordan

Capital City Steppers – Vendor Management

**CAROLINA SUMMER NIGHTS 2019  
VENDOR SPACE REQUEST FORM**

**Instructions:** To be considered for participation on vendor row, please complete this form, and forward to ncslidiers@yahoo.com. For more information, please contact us via email or call 757-409-2021.

**GENERAL INFORMATION**

Business Name:

Business/Contact Phone #:

Owner/Vendor's Name:

Owner/Vendor Email Address:

Business Mailing Address:

Business Website or Social Media Link:

Goods and/or Services you will sell:

**NUMBER OF TIME SLOT(S) REQUESTED:** (Select One)

\_\_\_\_\_ \$75 for One (1)

\_\_\_\_\_ \$120 for Two (2)

\_\_\_\_\_ \$160 for Three (3)

\_\_\_\_\_ \$195 for Four (4)

**PREFERRED TIME SLOT(S):** (Select all that apply)

\_\_\_\_\_ FRI: 8pm - 2am

\_\_\_\_\_ SAT: 10am - 4pm

\_\_\_\_\_ SAT: 8pm - 2am

\_\_\_\_\_ SUN: 11am - 5pm