



MARKETPLACE APPLICATION

DATE: _____

CONTACT NAME: _____ TITLE: _____

COMPANY / ORGANIZATION NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: (____) _____ FAX NUMBER: (____) _____

E-MAIL: _____ WEBSITE: _____

Please describe the type of items that you would offer and return your application as soon as possible. Your application will be reviewed and space will be assigned subject to approval.

BRIEF DESCRIPTION OF PRODUCTS: (Please attach any further information that may be helpful, such as a copy of published articles, etc.)

PLEASE COMPLETE AND RETURN TO:

Mike Mancuso
Festival Director
TASTE OF OMAHA
7015 Spring Street
OMAHA, NE 68106-3518

Phone: (402) 346 -8003
Fax: (402) 346 – 5412
E-mail: info@showofficeonline.com
Website: www.tasteofomaha.info