

**ELKHART COUNTY BOARD OF REALTORS®  
2025 ECBOR AFFILIATE VENDOR SHOW**

**TO:** ALL AFFILIATE MEMBERS

**Subject:** AFFILIATE VENDOR SHOW IS BACK! – **THURSDAY, APRIL 24TH – 11:30 A.M. - MATTERHORN**

**MARK YOUR CALENDARS NOW!** The ELKHART COUNTY BOARD OF REALTORS® AFFILIATE VENDOR SHOW IS BACK!!!! . The Vendor Show is an opportunity for Affiliates to showcase their products and services to the REALTORS®. The show is scheduled for **THURSDAY, April 24<sup>h</sup> from 11:30 A.M. TO 12:30 pm** at the Matterhorn. The cost is \$75.00 per table.

**Additional Information about the Affiliate Vendor Show:**

1. Must be a Elkhart County Board of REALTORS® member or partner or an organizations endorsed by IAR or NAR.
2. Tables locations will be assigned based on the order of sign-up and/or special needs such as electric, wall space etc. Please include any special needs below and return to the Board office.  
Tent cards will be placed on the tables the day of show. Doors open at 10:00 a.m. for set-up.
3. Vendors may offer door prizes, game prizes or other types of promotional items during the show. At the end of the show, the Board President will call up all Affiliates who have door prizes or game prizes so they can call up the winners. Door Prizes will be drawn at 12:30 pm. Must be present to win.  
Please note: Affiliates are not eligible for door prizes unless specifically allowed by the Vendor.
4. Matterhorn will open at 10:00 a.m. for set-up. Affiliates must be set up by 11:30 and tear down must be completed no later than 1:30 p.m.
5. \$75.00 table fee includes lunch and 6’ table and table skirting. Please indicate on the registration form how many people from your firm will be participating.

If you are interested in participating in this show, please return the following reservation form to the Board office no later than noon on Thursday, April 17th. Invoices available upon request.

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FIRM NAME: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ EMAIL: \_\_\_\_\_

WE WANT \_\_\_\_\_ 6’ - TABLE(S) AT \$75.00 EACH. \_\_\_\_\_ # OF PEOPLE ATTENDING

SPECIAL NEEDS: \_\_\_\_\_ Wall Space \_\_\_\_\_ Electric \_\_\_\_\_ Center Aisle

PAYMENT: \_\_\_\_\_ Please Send An Invoice \_\_\_\_\_ Check \_\_\_\_\_ Visa/MasterCard