

**2005
FLY IOWA
CLARINDA, IOWA**

Profit ____ Non-profit ____ Do you need electricity? ____

Name of Organization or Business: _____

Contact person: _____

Address: _____

Telephone/Cell phone #: _____

Email Address: _____

Sales Tax ID # (if applicable): _____

Product Description: _____

Local vendor fee is waived. All other vendors are \$100.00

Please return registration form and checks (if applicable) to:

Pat Davison
Fly Iowa
115 East Main
Clarinda, IA 51632

Make Checks payable to: Fly Iowa 2005