

Vendor Application

2025 Rosemount Writers Festival and Book Fair

Saturday, March 15, 2025

Steeple Center • 14375 S. Robert Trail, Rosemount, MN

The Writers Festival and Book Fair connects budding and established writers with publishing experts and authors to share information, techniques, skills, and resources.

Authors: Please register with the separate “Author Application.”

- Full vendor table \$40. Half vendor table \$25.
- We provide table and chairs.
- Lunches are available. Includes a sandwich or wrap with chips, cookie, and broccoli sunflower salad. House salad includes dinner roll, cookie, and greek vinaigrette on the side. Choices are shown on the attached Application form.
- Vendors must be set up by 10 a.m. and stay until 4 p.m. Keynote 9 a.m., Book Fair 10 a.m. – 4 p.m.
- Email a brief description (75-100 words) about your organization and the services you provide to stei0010@protonmail.com by **February 15, 2025**.
- All vendors must submit a current ST19 form. Forms are available at: www.revenue.state.mn.us/businesses/sut/Pages/Forms.aspx

**Table space is limited and is filled on a first-come, first-served basis.
We will contact you to confirm whether you have been accepted to the Book Fair.**

Send completed Application with your check by **February 15, 2025 to:**

RAAC, PO Box 409, Rosemount, MN 55068

Questions? Contact Sue Stein at stei0010@protonmail.com

Cancellation policy is listed on the website: rosemountwritersfestival.com

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Vendor Application

Name _____

Street _____

City _____ State _____ Zip _____

Phone: _____ Email _____

Website: _____

Please Check Type of Work

- Publisher Indexer Writer's Group Editing Services
 Writing Classes Coaching Illustrator Marketing/Publicity
 Agent Book Design Other _____

Please email a list of your services and a description of your business (75-100 words) for inclusion in the event program and the website to: stei0010@protonmail.com

Please Check All That Apply:

- Full vendor table \$40
 Half vendor table \$25
 I have emailed information about my business or organization
 Attached is my \$40 or \$25 table fee plus lunch cost (if ordered)— **Make checks payable to RAAC**
 I will have _____ people to assist me at my table (To make sure we provide enough chairs for you)
 Attached is my form ST19
 Lunch—please show the quantity ordered (**Sandwich/wrap \$14 each House Salad \$14.75 each**)
 ___ Turkey sandwich ___ Ham Sandwich ___ Chicken Caesar Wrap
 ___ Roasted Veggie Wrap ___ House Salad (no meat, contains pecans)

Make check payable to RAAC for table and/or lunch Check amount: _____

Signature of participant _____ Date _____