



HOSTS

# HIGH TIMES JAMAICAN WORLD CANNABIS CUP® VENDOR ORDER FORM

COMPANY/BOOTH NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

COUNTRY \_\_\_\_\_ STATE/PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

ORDERED BY \_\_\_\_\_ TITLE \_\_\_\_\_ EMAIL \_\_\_\_\_

**BOOTHS ARE NOT SUPPLIED WITH ELECTRICITY OR WIFI. IF YOU NEED ELECTRICITY OR WIFI PLEASE CONTACT YOUR AD REPRESENTATIVE FOR THE APPROPRIATE FORM. NO CHARGE BACKS.**

## BOOTHS

### SMOKING

5 X 10

10 X 10

20 X 10

20 X 20

## ENTRIES

CATEGORY	QUANTITY (PLEASE CHECK A BOX)	
Indica	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Sativa	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Hash	<input type="checkbox"/> 1	<input type="checkbox"/> 2

**CHECK OR MONEY ORDER (MADE PAYABLE TO HIGH TIMES PRODUCTIONS) OR CREDIT CARD INFORMATION MUST ACCOMPANY THIS FORM.**

<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> AMERICAN EXPRESS	AMOUNT \$ _____
Cardholder Name _____		CVV# _____	
Card # _____		Exp. Date _____	
Billing Address _____	City _____	State _____	Zip _____
Signature _____		Date _____	

***I, the cardholder, authorize the amount specified above be charged to my credit card***