



Vendor Registration Form

Carlisle Barracks Welcome Expo

August 10, 2022 • 9 am - 1 pm

Business Name: _____ Point of Contact: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Phone: _____ Contact Email: _____

Nature of Display / Business: _____

Name of Attendee (s): _____

IMPORTANT GUIDELINES - PLEASE READ CAREFULLY!

\$80 for one 10' x 10' space. This fee is waived if you are a registered on post entity, on post organization, or off post government entity.

NO REFUNDS

Registration cutoff date July 31, 2022

- Online Credit Card payments (\$10 discount) can be made by visiting Carlisle.ArmyMWR.com.
- Credit Card payments can be made at Leisure Travel Services and can also be made by calling 717-245-4048.
- Checks (made payable to "IMWRF Carlisle Barracks") can be made at Leisure Travel Services and can also be mailed to Welcome Expo 2022, 46 Ashburn Drive, Carlisle, PA 17013.

Set-Up Before Event: August 10, 2022 6:00-8:45 AM.

The Welcome Expo begins August 10, 2022 at 9:00 AM. Latecomers will not be permitted to set-up due to safety concerns. In addition to your booth set up, please allow at least 45 minutes for security checks, unloading, and parking.

Businesses will park in designated areas. Follow signage to the parking lot behind LVCC, near the swimming pool.

All non-DoD ID Card carrying vendors 18 and older must complete the attached Access Control Application (one (1) per person attending) and submit it with registration. For security reasons, only those listed will be granted entry onto the installation. Passes must be picked up at the Visitor Center located at 870 Jim Thorpe Road, Carlisle, PA 17013 prior to the event.

Only one (1) vendor per space is permitted. Each vendor must purchase their own space.

Final instructions will be sent no later than July 31, 2022 via email.

DFMWR is not responsible for or liable for any lost, damaged or stolen items. All vendors' supplies will be their own liability. Registrants and participants of the "Welcome Expo" at the USAG Carlisle Barracks hereby release all parties involved, including but not limited to the FMWR, from any and all liabilities arising from this event. Any vendor not abiding by the guidelines and regulations of the event will not be invited to return. No party shall be responsible for unforeseeable events. If the event is postponed due to inclement weather or for reasons beyond control, it will be canceled.

I have read all instructions and hereby agree to all the stated conditions

Vendor Signature: _____ Date: _____

FEES

Registration (One 10' x 10' space) \$80 per space x _____ = \$ _____

Additional Optional Charges:

Tents \$10 per tent x _____ = \$ _____

Tables \$5 per table x _____ = \$ _____

Chairs \$2 per chair x _____ = \$ _____

TOTAL = \$ _____

Total Amount Enclosed: = \$ _____

ADDITIONAL INFORMATION

Are you or one of your employees handicapped? ☐ Yes ☐ No

☐ I have a DoD ID Card

Please remember that all non-DoD ID Card carrying vendors 18 and older must complete an Access Control Application.

Checks should be made payable to "IMWRF Carlisle Barracks" and mailed to Welcome Expo 2022
46 Ashburn Drive
Carlisle, PA 17013

DFMWR EMPLOYEE USE ONLY:

Staff Signature: _____ Date: _____

CARLISLE BARRACKS INSTALLATION ACCESS CONTROL APPLICATION

Please provide the following information for completion of a National Crime Information Center (NCIC) and Army Law Enforcement Reporting and Tracking System (ALERTS) Installation access check.			
NAME: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> Last, First, Middle Maiden (If applicable) </div>			
SSN#:	DRIVERS LICENSE # / STATE ID #:		STATE:
DOB: _____ (Date of Birth) YYYY/MM/DD		PRIMARY PHONE: _____	SEX: _____
HOME ADDRESS: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> Street City State Zip </div>			
REASON FOR VISIT:			
<input type="checkbox"/> GOVERNMENT SPONSOR INFORMATION: _____ <div style="text-align: center;">(NAME/AGENCY/PHONE #)</div>			
END DATE OF PASS REQUESTED: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> (NOT TO EXCEED ONE YEAR) GOVERNMENT SPONSOR SIGNATURE </div>			
<input type="checkbox"/> NO GOVERNMENT SPONSOR REQUESTED END DATE OF PASS: _____ <div style="text-align: right;">NOT TO EXCEED 30 DAYS</div>			
I have been advised that my gaining access to the Carlisle Barracks Installation is contingent upon successful completion of a criminal history background check. I understand that the background check includes accessing information within the NCIC and ALERTS. I have been advised that all information received from these checks will be maintained within the Directorate of Emergency Services and properly destroyed at the completion of the purpose of request.			
SIGNATURE OF APPLICANT: _____			
LAW ENFORCEMENT USE BELOW THIS LINE ONLY			
() No adverse information found. () Adverse information found Installation Access Control is cleared by this office. () Adverse information found Installation Access Control is NOT cleared by this office.			
PRINT NAME / SIGNATURE / DATE _____			
INITIALS & DATE OF CHECK ONLY			
DL	NCIC	ALERTS	PASS#
DATA REQUIRED BY THE PRIVACY ACT OF 1974			
AUTHORITY: 5 USC 552a(b), 10 USC 3013, Title 10 United States Code, Section 3012(g), E.O. 9397 PRINCIPLE PURPOSE: To provide law enforcement officials with means by which information may be accurately identified in order to enforce security provisions. ROUTINE USE: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval. DISCLOSURE: Disclosure of your social security number is voluntary. Failure to disclose the information requested precludes consideration of an application for access to the Carlisle Barracks Installation through the use of a temporary pass or as part of an event list. Personnel not submitting to a background check will be denied unescorted access to the Carlisle Barracks Installation.			