

# Face Painter Vendor Registration

Full Name	<input type="text"/>		
Business Name	<input type="text"/>		
Email Address	<input type="text"/>		
Phone Number	<input type="text"/>		
Business Address	<input type="text"/>	Experience (years)	<input type="text"/>
Services	<input type="text"/>		
Offered	<input type="text"/>	Portfolio / Website	<input type="text"/>
Do you have liability insurance?	<input type="text"/>	Licenses or Certifications	<input type="text"/>
Upload Images (optional)	<div><div>Choose File</div><div>No file selected</div></div>		