



# 2010 Ramble-A Garden Festival

November 12, 13 & 14, 2010 • 9:00 a.m. - 4:30 p.m.

## GARDEN MARKETPLACE APPLICATION

Application Deadline • September 27, 2010

Fairchild Use ONLY	
_____	Date Rec'd
___	# photos rec'd
___	S.A.S.E.
___	Additional spaces
___	Sign : ___ at FTBG ___ Order New
___	Tables
___	Chairs
___	Insurance ___ FTBG ___ Vendor's
\$ _____	Check Rec'd
\$ _____	Amount Due

Company Name \_\_\_\_\_ Contact \_\_\_\_\_

*Only ONE EXHIBITOR per booth. Please be accurate and legible. Information provided will be included in the Ramble Program*

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Tel ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Item(s) to be sold \_\_\_\_\_  
(Must be garden related.)

### GARDEN MARKETPLACE BOOTH FEE

- Includes 10' x 10' tent **without sides** and sign. \$500.00 \$ \_\_\_\_\_
- Adjacent 10' x 10' exhibit space only \$200.00 \$ \_\_\_\_\_

### ADDITIONAL

Table / \$15 each \_\_\_\_\_, Chair / \$5 each \_\_\_\_\_, Tent Sides \$20 \_\_\_\_\_ \$ \_\_\_\_\_

**Subtotal** \$ \_\_\_\_\_

7 % Florida Sales Tax \$ \_\_\_\_\_

**Insurance REQUIRED** \* \$80.00 (see Standard Insurance Requirements) \$ \_\_\_\_\_

**TOTAL DUE WITH APPLICATION** \$ \_\_\_\_\_

In consideration of this agreement, I (the undersigned) hereby agree to pay to the order of Fairchild Tropical Botanic Garden the total sum of \$ \_\_\_\_\_ as rental for exhibit booth(s). This payment must be made with completed application.

**NO REFUNDS will be made for cancellations received after October 30, 2010.**

PHOTOS Enclosed are \_\_\_\_\_ photos of my products.

Photos will only be returned if a self-addressed, stamped envelope (SASE) is included with application.

I agree to indemnify and save Fairchild Tropical Botanic Garden harmless from any and all claims, liability, losses and causes of actions which may arise out of this agreement. The exhibitor shall pay all claims and losses of any nature whatever in connection therewith, and defend all suits in the name of Fairchild Tropical Botanic Garden when applicable and shall pay all costs and judgments which may issue thereon. I further agree to abide by the terms of this agreement.

\_\_\_ Please mail check made payable to Fairchild Tropical Botanic Garden.

\_\_\_ AmX \_\_\_ MasterCard \_\_\_ VISA \_\_\_ Discover

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name as it appears on Card: \_\_\_\_\_

Vendor's signature \_\_\_\_\_ Print name \_\_\_\_\_

Date \_\_\_\_\_ Name for Booth Sign \_\_\_\_\_

20 character MAXIMUM - use one letter per dotted line above

Vendor will be notified via email by October 14, 2010 of acceptance.

A complete packet will be emailed to accepted vendors by October 30, 2010.

Fairchild Tropical Botanic Garden  
Attn: Ann Schmidt, Ramble Coordinator  
10901 Old Cutler Road  
Coral Gables, FL 33156-4296  
305.667.1651 x 3344 aschmidt@fairchildgarden.org Fax: 305.661.8953

www.fairchildgarden.org

Return Original to Fairchild • Vendor Keep a Copy