



2009 Ramble-A Garden Festival

November 20, 21 & 22, 2009 • 9:30 a.m. - 4:30 p.m.

GARDEN MARKETPLACE APPLICATION

Application Deadline • September 7, 2009

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 20 letter standard sign. **\$ 500.00**

___ Tent Sides \$20 \$ _____

___ Additional adjacent exhibit space 10' x 10' @ \$200.00 each (space ONLY, no tent) \$ _____

ADDITIONAL ITEMS \$ _____

___ Tables (6' x 30") @ 15.00 each \$ _____

___ Folding chairs @ \$5.00 each \$ _____

Subtotal \$ _____

7 % Florida Sales Tax \$ _____

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

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, 2009.

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 2, 2009 of acceptance.

A complete packet will be emailed to accepted vendors by October 30, 2009.

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

www.fairchildgarden.org

Return Original to Fairchild • Vendor Keep a Copy