



2009 Ramble-A Garden Festival

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

MARKETPLACE PLANT SALES APPLICATION

Application Deadline • September 27, 2009

Fairchild Use ONLY	
_____ Date Rec'd	_____
___ Sign : ___ at FTBG	___ Order New
___ Insurance	___ FTBG
___ Vendor's	___
\$ _____ Check Rec'd	
\$ _____ Amount Due	

Vendor Name _____
Only ONE VENDOR per booth. Please be accurate and legible. Information provided will be included in the Ramble Program.

Contact Name _____

Address _____ City _____

State _____ Zip _____ Tel (_____) _____ Fax (_____) _____

Email _____ Website _____

Item(s) to be sold _____

MARKETPLACE PLANT SALES BOOTH FEE	
_____ 10' x 10' Tent without sides , 1 Tables, 2 Chairs, 1 Sign @ \$500.00	\$ _____
_____ 10' x 20' Tent without sides , 2 Tables, 2 Chairs, 1 Sign @ \$800.00	\$ _____
_____ Tent Sides \$20 (incl. 4 heavy vinyl sides)	\$ _____
ADDITIONAL ITEMS	
_____ Table(s) (6' x 30") @ \$15 each	\$ _____
_____ Folding chair(s) @ \$5 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.	
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

Fairchild Tropical Botanic Garden
 Attn: Marnie Valent
 Coral Gables, FL 33156-4296
 305.667.1651 x 3359 mavlent@fairchildgarden.org
 www.fairchildgarden.org

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.

Return Original to Fairchild • Vendor Keep a Copy