



Southern Region Master Gardener

Conference

May 1-4, 2012

Vendor Agreement and Application

Return with payment to Cathy Ivy, 1584 Legacy LN SE, Brookhaven, MS 39601. Make checks payable to MS Master Gardener Conference. If you have questions you can reach Cathy Ivy at cathyi1313@hotmail.com or call 601-754-1512, Barbara Breaux 601-823-4064, or Edna Bishop 601-833-1162.

Check the layout of the vendor area. If you have a preference of booth(s) please indicate the number. We will fill the booths first come first served so please get your forms in early.

Name: _____

Business Name: _____

Description of items/ Product for sale: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Booths 1-3 are 11'x10' and are in the front windows _____ Number of booths x \$300 each (before November 1, 2011, \$240) = \$ _____

Booths 4-5 are 13'x8' _____ Number of booths x \$250 each (before November 1, 2011, \$200) = \$ _____

Booths 6-32 are 10'x10' _____ Number of booths x \$250 each (before November1, 2011, \$200) =\$ _____

Booth 33 is for the only food vendor inside and is for Wednesday and Thursday only
_____ Number of booths x \$300 each (before November1, 2011, \$240) = \$ _____

Do you need electricity? Yes _____ No _____ Water? Yes _____ No _____

Table rental at \$5 each _____ Chair rental at \$1 each _____

APPLICANT STATEMENT

I agree to abide by the rules and regulations of the MS Master Gardener Conference: to take responsibility for my own liability insurance and any and all permits and licenses (where applicable).

I agree not to hold the MS Master Gardeners, the MS Cooperative Extension Service, or its representatives and employees responsible for any damages arising out of the sales of my products, from my presence or the activity of anyone associated with me on the Market site.

Signed: _____ Date: _____



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