



2019 GROWvember Fall Plant Sale Registration/Agreement Form

Vendor/Organization Name: _____

Contact Person: _____

Address: _____

City, State, Zip Code: _____

Office Telephone: _____ Cell Phone: _____

E-mail Address: _____ Primary type of plant: _____

Vendor Business License Number: _____

Release of Liability and Indemnification: On behalf of myself and the above-named Organization/Company, I agree to indemnify and hold Mead Botanical Garden, Inc. and the City of Winter Park, and their officers, directors, trustees and employees harmless for any liability, loss or damage resulting directly or indirectly from participation in the Fall Plant Sale. I further confirm and agree, on behalf of myself and the Organization, that that I have read and agree to the attached policies and procedures.

Date

Signature

Printed Name: _____

Please add me to your list of speakers!

Title: _____

I would like to do a: lecture / workshop.

1/2 hour ____ 1 hour ____

a.m. ____ p.m. ____

Payment: _____ Fee for a booth (minimum size 400 sq. ft.) — \$100.00 & — \$65.00 for non-profit organizations

To Pay by Credit Card*: Circle- Visa Mastercard AMEX

***If paying by Credit Card or PayPal (through our website) an additional 4% will be charged.**

Print Name on Card: _____

Card Number: _____

Expiration Date: _____ Code: _____

To Pay by Check: Payable to Mead Botanical Garden, Inc., P.O. Box 1227, Winter Park, FL 32790

You may also register and pay on line at www.meadgarden.org