

## 2021 GROWvember Fall Plant Sale - Nov. 5 & 6 Registration/Agreement Form

Vendor/Organization Name:		
Address:		
City, State, Zip Code:		
E-mail Address:		Phone: ( )
Primary type of plant/items:		
Vendor Business License Number: _		
indemnify and hold Mead Botanical (and employees harmless for any liab	Garden, Inc. and the City of Willity, loss or damage resulting the confirm and agree, on behild policies and procedures.	above-named Organization/Company, I agree to nter Park, and their officers, directors, trustees directly or indirectly from participation in the half of myself and the Organization, that that I
Printed Name	Signature	Date
_ecture or Workshop Slo		
☐ I would like to do a speaker lecture	Title/ Topic	<u> </u>
☐ I would like to do a workshop	1/2 hour	1 houra.mp.m
/endor Fee for a 20ft x 20f	t (400 sq. ft.) booth	
<ul><li>□ Perks Partner (offer 10% discou</li><li>□ Regular Vendor Fee: \$175.0</li></ul>		: \$100.00 for vendors & \$65.00 for non-profit for non-profit organizations
Payment Options:		
•	Lana Mastana	eard AMEX
□ Pay by Credit Card*: (Chec	ck one) visa Masterd	AIUAIVILX
**If paying by Credit Card		AIVILX
■ Pay by Credit Card*: (Chece **If paying by Credit Card or PayPal (through our vebsite)an additional 4% vill be charged.	Print Name on Card:	