

2022 GROWvember Fall Plant Sale - Nov. 4 & 5 Registration/Agreement Form

Vendor/Organization Name:			
Contact Person:			
Address:			
City, State, Zip Code:			
E-mail Address:		Phone: <u>(</u>	
Primary type of plant/items:			
Vendor Business License Number:			
Release of Liability and Indemnification indemnify and hold Mead Botanica and employees harmless for any lia GROWvember Fall Plant Sale. I for read and agree to the attached po	l Garden, Inc. and the C ability, loss or damage r urther confirm and agree	ity of Winter Park, and resulting directly or indirectly or indirectly or behalf of myself a	their officers, directors, trustees rectly from participation in the
Printed Name	Signature		Date
_ecture or Workshop Slot:			
☐ I would like to do a speaker lecture T		e/ Topic:	
☐ I would like to do a workshop	1/2	hour1 hour	a.mp.m
Vendor Fee for a 20ft x 20ft (4	100 sq. ft.) booth		
□ Perks Partner (offer 10% disco□ Regular Vendor Fee: \$175□ FREE Exhibitor Booth - Info	.00 for vendors — \$7	100.00 for non-profit	organizations
Payment Options:			
☐ Pay by Credit Card*: (Che	eck one) Visa	Mastercard AN	MEX
**If paying by Credit Card or PayPal (through our vebsite)an additional 3% vill be charged.	Print Name on C	Card:	
	Card Number:		
		Code:	
□ Pay by Check: Payable to□ Pay Online: www meadga			