



# 2024 GROWvember Fall Plant Sale - Nov. 8 & 9

## Registration/Agreement Form

Vendor/Organization Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Instagram/Social Media tag: \_\_\_\_\_

Primary type of plant/items: \_\_\_\_\_

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 GROWvember Fall Plant Sale. I further confirm and agree, on behalf of myself and the Organization, that I have read and agree to the attached policies and procedures.

Printed Name	Signature	Date
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### Lecture or Workshop Slot:

I would like to do a speaker lecture Title/ Topic: \_\_\_\_\_

I would like to do a workshop 1/2 hour \_\_\_\_ 1 hour \_\_\_\_ a.m. \_\_\_\_ p.m. \_\_\_\_

### Vendor Fee for a 20ft x 20ft (400 sq. ft.) booth

- Vendor Fee: \$175.00 for vendors
- Non-profit organizations/Societies: \$100.00
- FREE Exhibitor Booth - Informational or Educational – NOT SELLING

### Payment Options:

**Pay by Credit Card\***: (Check one) Visa \_\_\_\_ Mastercard \_\_\_\_ AMEX \_\_\_\_

**\*\*\*If paying by Credit Card or PayPal (through our website) an additional 3% will be charged.**

Print Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Code: \_\_\_\_\_

- Pay by Check:** Payable to Mead Botanical Garden, Inc., P.O. Box 1227, Winter Park, FL 32790
- Pay Online:** [www.meadgarden.org/activities/growvember-plant-sale/](http://www.meadgarden.org/activities/growvember-plant-sale/)