

Kansas City Orchid Show
"Orchids in the Heart of Kansas City"
February 12-14, 2010

Exhibitor Registration Form

Exhibitor Information:

Name (for signage): _____

Contact Person: _____

Address: _____

E-mail: _____ **Phone:** _____

Please provide names of everyone participating in exhibit set-up and break-down: _____

Ribbon and AOS Judging, 7:30 AM, February 13, 2010:

Please provide names of everyone who wishes to judge: _____

Please provide names of everyone who wishes to clerk: _____

Exhibition Space Request:

Tabletop ____ 25 sq. ft. ____ 50 sq. ft. ____ over 50 sq. ft. ____ (_____ sq. ft.)

Set-up begins Thursday, February 11 at 8:00 AM. Exhibits should be in place by 10:00 AM Friday, February 12 if possible. Entries for judging must be completed by 6:00 PM Friday. All exhibits must be left in place until Sunday, February 14 at 6:00 PM.

Please return this form to Doug Martin as soon as possible.

Doug Martin
15523 Johnson Dr.
Shawnee, KS 66217

If you need more information, please contact Doug Martin at kcorchidshow@kc.rr.com or 913-248-8669.

Your signature is required on this release:

The exhibitor assumes the entire responsibility and liability for losses, damages, and claims arising out of the exhibitor's activities at this event and will indemnify, defend, and hold harmless the Orchid Society of Greater Kansas City, its officers and members from any and all losses, damages, and claims.

Signature _____ Date _____