

Kansas City Orchid Expo
Mid-America Orchid Congress
November 16-18, 2007
www.kcorchidshow.org

Exhibit Application Form

Exhibit Name
(for signage): _____

Contact Person: _____

Address: _____

E-mail: _____ Phone: _____

Web site: _____

Exhibit Space Request:

Exhibit Size:

Tabletop ____ 25 sq. ft. ____ 50 sq. ft. ____ over 50 sq. ft. (please specify size) _____

Exhibit planning information:

- Backdrops will not be provided.
- Electricity will be available. Will you need electricity? _____
- Water features are not allowed.
- The show schedule and plant registration information will be sent to your email address after your application is received.

Set-up begins Friday, November 16 at 9:00 AM. Sales tables and exhibits must be in place by 7:00 PM Friday. Entries for judging must be completed by 6:00 PM Friday. Judging will be Saturday morning. All exhibits must be left in place until Sunday, November 18 at 4:00 PM.

Please return this signed form to **Joy Prout, 129 Edgewater Dr., Lee's Summit, MO 64064.**

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

Your signature is required on this release:

The vendor/exhibitor assumes the entire responsibility and liability for losses, damages, and claims arising out of the vendor's/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 _____