

**GEORGIA HORSE COUNCIL**

**2009 Vendor Application**

January 9, 10 & 11, 2009



**APPLICATION DEADLINE DECEMBER 1, 2008**

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

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

**EXHIBITOR SPACE RENTAL**

**Indoor Booth:** \$100.00 per day includes electricity X \_\_\_\_\_ Days = ..... \$ \_\_\_\_\_

*If your booth space takes up 1/2 of a wall, you will be charged more*

**Outdoor Vendor Space:** Lot sizes available: 16x30 (4), 12x17 (5), 12x16 (1), 12

Each lot is \$100.00 per day, includes electricity x \_\_\_\_\_ Days = ..... \$ \_\_\_\_\_

Lot size requested \_\_\_\_\_

**Subtotal** ..... \$ \_\_\_\_\_

**Insurance Fee** if you do not have Insurance @ \$88.00 ..... \$ \_\_\_\_\_

**Total Exhibit Fee Enclosed** ..... \$ \_\_\_\_\_

Please provide a Certificate of Insurance or add \$88.00 insurance fee with this application and check which applies.

Certificate of Insurance attached

Insurance fee included

Information on Certificate shall state: *“Georgia Agricultural Exposition Authority, its board members, officers, agents and employees of the Authority, and the State of Georgia, are listed as additional insured’s, but only with respect to claims that are not covered by the Georgia Torts Claims Act, O.C.G.A. 50-21-29, et seq.”*

**Credit Cards Accepted:** MasterCard or Visa (Please contact office with credit card information)

I agree to abide by the rules and regulations set forth by the management of Georgia Horse Council shows in the attached application form.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*In the event it becomes necessary to cancel a completed GHC reservation after December 15 the cancellation will be subject to a penalty of 50% of full exhibit fee. If a complete reservation is cancelled after December 31, no refund will be given.*