

The Herb Society of America-Wisconsin Unit

2016 Herb Fair VENDOR APPLICATION FORM

Herbal Product Guidelines: All items offered for sale at the Herb Fair should be herbal in nature, or used to grow, harvest, or otherwise add to the enjoyment of herbs and gardens. Please be sure to include a list of items below that you will be offering for sale. Vendor acceptance will be decided on receipt of form and payment. Vendors will comply with all WI State Health Code Laws in preparation of all items.

DATE AND TIME: Saturday, May 28, 2016, 9a.m.–3p.m.
 LOCATION: Boerner Botanical Gardens, 9400 Boerner Dr., Hales Corners, WI 53130
 SET-UP: Saturday, May 28, 2016, 6:45-8:55 a.m. TAKE DOWN: 3-3:45 p.m.

FEES: **Dry Goods Vendors:** First 84 sq.' booth \$75; additional booths \$50 each.
All booth sizes Includes 8' table and two chairs for each paid booth, if needed.
Approximate

Plant Vendors: First 100 sq.' booth \$50; additional booths \$35 each.
 Grassy area in front of building, center drive. **NO STAKES IN GRASS**-water system. **Bring own tables.**

Fee includes ONE continental breakfast and lunch for each paid booth space. **Send \$5/person** if your staff will be eating with us.

MAKE CHECKS TO: H.S.A – WI Unit (To learn more about us: www.herb-society-wisconsin.org)
 MAIL TO: Pat Greathead, Herb Fair Vendor Liaison, 1744 Tam O'Shanter Tr., Sun Prairie, WI 53590
 Questions: Pat Greathead at pat herbs@frontier.com or (608) 834-9494. PLEASE RESPOND A.S.A.P.

^ cut here ^ VENDOR INFORMATION

>>> **Designate the information you want included in the PROGRAM by placing a * before the information.**

Your Name: _____ Phone: _____ Email: _____
 Business Name: _____ Business website: _____
 Address: _____
 Special requests: _____

Dry Good Vendors: I will bring my own tables: Yes or No chairs: Yes or No

Dry indoor goods* **Outdoor Plants vendor** **XTRA LUNCHES \$5** **TOTAL SENT**

of BOOTHS REQUESTED _____ \$ _____

***Would you consider the terrace if it is forecasted to be a nice day?** _____

Goods Description for event program – limit 25 words (use back if more space is needed):

WAIVER: I agree that I, my staff, or assigns will not hold The Herb Society of America-Wisconsin Unit or Milwaukee County responsible for injury, accidental loss or damage of any kind. I further agree to follow the above Herbal Product Guidelines stated at the top of this page, and that I will maintain my booth and surroundings in a neat and orderly state to prevent injuries to attendees et al, and that I/we will clean up trash and litter by placing it in the County's trashcans as said refuse is created.

SIGNATURE: _____ TITLE: _____ DATE: _____