

The Madison Herb Society 2009 Herb Fair VENDOR APPLICATION FORM

Herb Product Guidelines: Products for sale at the 2009 Herb Fair must be herb-related (to be compatible with the goal of the Madison Herb Society by-laws to educate the public in the use and benefits of herbs) and preferably handmade or grown by the vendor. These items may include artwork, note cards, pottery, and merchandise with herbal designs. In limited amounts, these items may be purchased from an outside source. Examples in this category include books, essential oils and garden tools. In order to ensure the quality of merchandise remains high and the goals of the Society toward education are being met, we will request that each vendor submit a detailed list of merchandise offered and the committee will decide on a case-by-case basis whether or not to include products and/or vendors based on the submitted list. State Health Code Laws require all food items be made in a state licensed kitchen and all vendors are expected to comply with these regulations.

DATE & TIME November 7, 2009 ♦ 8:30 a.m. to 4:00 p.m.

LOCATION Olbrich Botanical Center ♦ 3330 Atwood Avenue ♦ Madison, WI

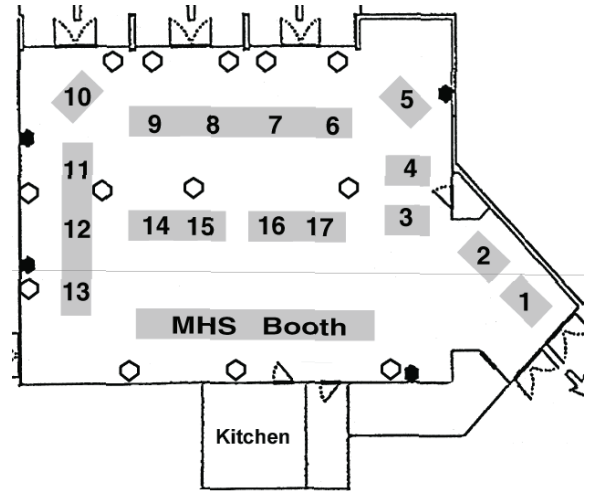
SET UP Friday, November 6, from 3:00 to 6:00 p.m.
Saturday, November 7, from 7:00 to 8:15 a.m.

APPLY BY September 15, 2009

FEES First booth: \$45 (\$20 MHS membership required)
Additional: \$45 per additional booth.
Payable to: The Madison Herb Society (not cashed until 9/21/09)
Fees include continental breakfast. Most booths include one table (select size below) and 2 chairs. Booth size is about 6x10 feet.
Lunch is available to purchase. See order form for details.

MAIL TO Herb Fair Committee, c/o Edith Thayer, Vendor Coordinator
Madison Herb Society
P.O. Box 8733
Madison, WI 53708-8733

CONTACT Edith Thayer at (608) 278-1231 or <ediththayer@hotmail.com>



VENDOR INFORMATION	<input type="checkbox"/> Name	<input type="checkbox"/> Telephone Number () -	<input type="checkbox"/> Email Address		
	<input type="checkbox"/> Business Name	<input type="checkbox"/> Business Web Site			
	<input type="checkbox"/> Street Address	<input type="checkbox"/> City	<input type="checkbox"/> State, ZIP		
BUSINESS DESCRIPTION	Please tell about your business and/or what you will be selling at the fair in 25 words or less. This description will be included in the Herb Fair program guide.				
BOOTH CHOICE	Booth space and booth choices will be awarded by postmarked date of application. Please mail your applications and booth fees early to ensure a booth at the 2009 Herb Fair.		First Choice	Second Choice	Third Choice
SPECIAL NEEDS	<input type="checkbox"/> I will need a table (select one per booth request) <input type="checkbox"/> 4' <input type="checkbox"/> 6' <input type="checkbox"/> 10' (table quantities are limited)				
	Special Requests:				
WAIVER	I agree that I will not hold the Madison Herb Society or the City of Madison, Wisconsin responsible for injury, accidental loss, or damage of any kind. I agree to follow the Herb Product Guidelines established by the Madison Herb Society, as stated at the top of this page.				
	Signature:		Date:		