

The Madison Herb Society 2007 Herb Fair VENDOR APPLICATION FORM

Herb Product Guidelines: Products for sale at the 2007 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 10, 2007 ♦ 8:30 a.m. to 4:00 p.m.

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

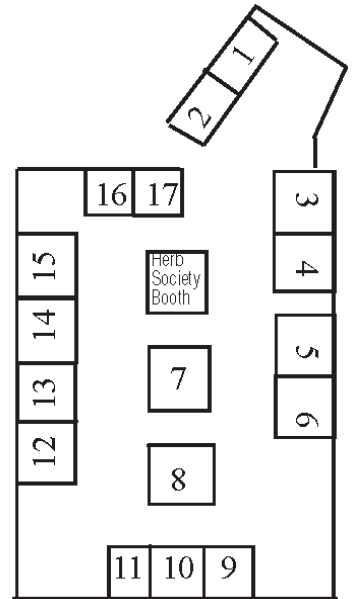
SET UP Friday, November 9, from 3:00 to 6:00 p.m.
Saturday, November 10, from 7:00 to 8:15 a.m.

APPLY BY September 1, 2007

FEES (per 10'x10' booth)
 First booth: \$65 (includes \$20 MHS membership for 9/1/07 to 8/31/08)
 Additional: \$45 per additional booth
 All booths include one table (select size below) and 2 chairs.
 Payable to: The Madison Herb Society (not cashed until 9/1/07)

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

CONTACT Pat Greathead at (608) 834-9494 or rpgreat@chorus.net



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| 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 | | | | |
| Please complete all blanks. Put an X in the box next to the information you want published in the event program. | | | | | |
| 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 2007 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"/> 8' (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: | | |