

Gardening

SATURDAY



ORGANIZATION'S NAME:

CONTACT PERSON:

ADDRESS:

CITY/PROVINCE/POSTAL CODE:

PHONE:

E-MAIL:

AGREEMENT:

I agree to be contacted by the media regarding my involvement with Gardening Saturday _____

I understand my application will not be processed until Gardens Manitoba receives payment _____

I understand my business information may be published online & in print _____

I understand if I cancel I will be refunded my entire payment _____

I understand I'm responsible for paying workshop fees if I wish to attend _____

SIGNATURE:

By signing below, I agree to all of the above.

Signature

Date

FEES:

If paid before February 28, 2018 (only 10 booths available at this price).

\$50/booth x _____ booths = \$ _____

If paid after February 28, 2018

\$100/booth x _____ booths = \$ _____

PAYMENT METHOD:

CASH

CHEQUE

CREDIT CARD

SEND MY ORGANIZATION AN INVOICE

If paying by credit, your transaction will appear from Gardens Manitoba.

Credit Card #: _____

Expiry Date: _____

I, _____ authorize the charge of \$ _____ to my credit card.

Signature: _____

If paying by cheque, please make payable to Friends of Gardens Manitoba Inc.

PAYMENT WILL ONLY BE PROCESSED UPON APPROVAL OF YOUR APPLICATION

SUBMIT THIS FORM TO:

OPTION 1

Mail or scan to Gardening Saturday c/o Judy Schwartz, 951 Southwood Ave. Winnipeg, MB R3T 1J0 or at judy.schwartz@gardensmanitoba.com

OPTION 2:

Register online at www.gardensmanitoba.com

ADDITIONAL INFORMATION:

Your application and payment secures your organization the following:

- A 6' table
- 2 chairs
- 6 Access Badges for members working at your booth with your organization's name on them. They will be available at the exhibitor registration on-site.

NOTE:

The exhibit area is in a public place. Gardens Manitoba and the Canadian Mennonite University are not responsible for valuable items that are left unattended. The exhibit space will be locked overnight from April 27 - 28 to ensure the booths and equipment are safe.

