

AMHERST ORCHID SOCIETY

Amherst , Massachusetts

2019 EXHIBITOR APPLICATION

Company Name _____

Website _____

Contact Name _____ Email _____

Address _____ Phone _____

City/State/Zip _____ Cell Phone _____

I/We are a: Commercial Grower Amateur Grower Group/Society

I/We would like our display entered into competition YES NO

I/We will install an Educational Exhibit YES NO

I/We are a foreign exhibitor YES NO

DISPLAY SIZE

Available are tables that measure 3 x 6 ft. Please specify whether you need one (1) or two (2) tables.

One table (18 sf)

Two tables (36 sf)

Special Requests:

Certificate of Insurance Enclosed

Signed Liability Waiver Enclosed

I/We have read the attached Exhibitor rules and agree to abide by them.

I/We have read and signed the attached Waiver of Liability.

I/We agree to abide by all CITES regulations.

Signature _____

Title _____

Date _____