

SOOS 39th Annual Orchid Show

February 9th & 10th, 2019

The Toronto Botanical Garden, 777 Lawrence Ave East, Toronto Ontario, Canada M3C 1P2

2019 DISPLAY SPACE APPLICATION

Application Deadline: January 6th, 2019

Name of Exhibitor	
Name to appear on display	
Contact person	
Complete Mailing Address	
Email	
Telephone	

Plant exhibit	Y	N	Freestanding	Y	N
Arrangement	Y	N	Wall	Y	N
Artwork	Y	N	Floor	Y	N
Educational display	Y	N	Tabletop	Y	N
Electrical outlet required	Y	N	Will supply own table	Y	N
Diagram attached or enclosed	Y	N			
Display Length Requested (default: 5.0 ft. / 1.5 metres)			Display Width Requested (default: 2.5 ft. / 0.75 metres)		

Terms and Conditions:

1. Space is limited and is reserved upon receipt of a **fully completed application** on a first-come basis. Applications must be received by January 6th, 2019.
2. The location and size of displays are fixed. Only the Show Chair may make or approve changes.
3. Please be considerate of neighbouring exhibitors by limiting the number of individuals who are involved in the set-up of your display; do not encroach on adjacent display areas.
4. Plant sales on Friday will be restricted to participants with valid name badges. Remember that the vendors are busy with set-up too.
5. Anyone helping with set-up and tear-down must be identified ahead of time and wear the name badge provided by SOOS.
6. Set-up is from 10 am to 10 pm on Friday.
7. Teardown not to begin until 5:15 pm on Sunday.
8. All plants in the display must have accurate, complete name tags.
9. Please read the **Show Schedule** for further assistance in preparing your entry. You will receive this with your confirmation of participation in the show.

In submitting this application, the exhibitor accepts the terms stated in this application and assumes the entire responsibility and liability for losses, damages, and claims arising out of the exhibitors' activities at the Toronto Botanical Garden and will indemnify, defend, and hold harmless the Toronto Botanical Garden, its agents, servants, employees, and the Southern Ontario Orchid Society, its officers and members from any and all losses, damages, and claims.

Signature: _____

Date: _____

Remit to the Assistant to the Show Chair – Beatrice Paterson

Email: show@soos.ca **(preferred)**

Snail Mail: Southern Ontario Orchid Society, c/o Beatrice Paterson
2149 The Chase, Mississauga, Ontario, Canada L5M 3E1

Phone: 905-569-2628