



**11<sup>th</sup> Annual**  
**MIAMI INTERNATIONAL AGRICULTURE, HORSE & CATTLE SHOW**  
**Ronald Reagan Equestrian Center – Tropical Park, Florida**

**April 13 – 15, 2018**

**EXHIBITOR/VENDOR SPACE APPLICATION FORM**

Company Name \_\_\_\_\_

Primary Contact Person \_\_\_\_\_

Primary Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Cell \_\_\_\_\_

Website \_\_\_\_\_

What will you be selling and/or displaying at your booth? \_\_\_\_\_

\_\_\_\_\_

**EXHIBITOR/VENDOR BOOTH RATES:**

**PREMIUM “Corner” Booth (*only 2 available*) - \$500**

**Regular Booth (*For Profit*) - \$250**

**Regular Booth (*Non-profit, plant, produce*) - \$150**

**EVENT INFORMATION:**

**Dates / Times:**

Friday, April 13, 2018 • 9 am to 4 pm

Saturday, April 14, 2018 • 9 am to 7 pm

Sunday, April 15, 2018 • 10 am to 6 pm

**Admission:**

\$3 per person (children 12 and under free)

**Location:**

Ronald Reagan Equestrian Center at Tropical Park

7900 SW 40 Street, Miami, FL 33155

**For more information regarding Vendor Booths contact:**  
**SUSAN L. LEON \* Sleon@sfacs.org \* (305) 823-2700 ext. 2414**

## MIAHCS VENDOR AGREEMENT:

_____ Corner Booth ( <i>Only 2 available</i> )	\$500	_____ tents @ \$500 = _____
_____ Regular Booth ( <i>For Profit</i> )	\$250	_____ tents @ \$250 = _____
_____ Regular Booth ( <i>Non-profit, plant, produce only</i> )	\$150	_____ tents @ \$150 = _____
		<b>TOTAL:</b> _____

- Prices include one (1) 10' x 10' tent with side walls; table and chairs are not included.
- Electricity is available on a limited basis (but not guaranteed); additional fee applies.
- Spaces are allocated on a first-come-first-served basis by MIAHCS Staff - call for availability.
- Set-up must be complete no later than 3:00 pm on Thursday, April 12, 2018. No vehicles will be permitted in Vendor/Exhibitor Area after 8:30 a.m. once event commences on Friday, April 13, 2018.
- MIAHCS is not responsible for items left in Exhibitor/Vendor Booths overnight.
- Exhibitors/Vendors may conduct business in their designated areas only. **NO EXCEPTIONS.**
- **YOU MAY NOT UTILIZE YOUR OWN TENT; if you do so, you will immediately be asked to dismantle it.**
- You may not sell food and/or beverages from your assigned space.

### Release of Liability:

In consideration for being allowed to participate as a Vendor/Exhibitor in MIAHCS 2018 (hereinafter "Activity"), I release from liability and waive my right to sue Miami-Dade County and South Florida Autism Charter Schools, Inc., their employees, officers, volunteers and agents (collectively "MDC/SFACS") from any and all claims, including claims of MDC/SFACS negligence, resulting in any physical injury, illness (including death) or economic loss I may suffer or which may result from my participation in this Activity or any events incidental to this Activity. I am voluntarily participating in this Activity. I understand that there are risks associated with my participation in this Activity that may arise from my own or other's actions, inactions, or negligence, or the condition of the Activity location(s) or facility(ies). Nonetheless, I assume all risks of my participation in this Activity, whether known or unknown to me. I agree to hold MDC/SFACS harmless from any and all claims, loss or damage to my personal property, liabilities and costs, including attorney's fees, as a result of my participation in this Activity. I have read this document, and I am signing it freely. I understand the legal consequences of signing this document, including (a) releasing the MDC/SFACS from all liability, (b) waiving my right to sue the MDC/SFACS, (c) and assuming all risks of participating in this Activity, including any events incidental to this Activity.

*I understand and agree to the above policies.*

*Agreed to and accepted by MIAHCS Staff on behalf of:  
South Florida Autism Charter Schools, Inc.*

\_\_\_\_\_  
Signature  
Print Name: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Date: \_\_\_\_\_

\_\_\_\_\_  
Signature  
Print Name: \_\_\_\_\_  
Date: \_\_\_\_\_

## PAYMENT INFORMATION:

\_\_\_\_\_ CHECK ENCLOSED (Payable to South Florida Autism Charter Schools, Inc.)

\_\_\_\_\_ PLEASE CHARGE MY CREDIT CARD    \_\_\_ AMEX    \_\_\_ VISA    \_\_\_ MASTERCARD    \_\_\_ DISCOVER

Card No. \_\_\_\_\_ Exp. \_\_\_\_\_ Sec. Code \_\_\_\_\_

Name on Card \_\_\_\_\_

Billing Address, City, State, Zip Code \_\_\_\_\_

Signature \_\_\_\_\_

### MAIL FORM & CHECK TO:

SOUTH FLORIDA AUTISM CHARTER SCHOOLS, INC., Attention: Susan L. Leon  
18305 NW 75 Place, Hialeah, FL 33015

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SUSAN L. LEON \* Sleon@sfacs.org \* (305) 823-2700 ext. 2414**