



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

April 12 – 14, 2019

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? \_\_\_\_\_

**THE SALE OF FOOD OR BEVERAGES OF ANY KIND IS PROHIBITED.**

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 12, 2019 • 9 am to 4 pm

Saturday, April 13, 2019 • 9 am to 7 pm

Sunday, April 14, 2019 • 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 schedule of events visit: [www.miamicattleshows.org](http://www.miamicattleshows.org)

For more information: (305) 823-2700 / [assistant@sfacs.org](mailto:assistant@sfacs.org)

## MIAHCS VENDOR AGREEMENT:

<input type="checkbox"/> <b>Corner Booth</b> ( <i>Only 2 available</i> )	<b>\$500</b>	<input type="checkbox"/> tents @ \$500 = _____
<input type="checkbox"/> <b>Regular Booth</b> ( <i>For Profit</i> )	<b>\$250</b>	<input type="checkbox"/> tents @ \$250 = _____
<input type="checkbox"/> <b>Regular Booth</b> ( <i>Non-profit, plant, produce only</i> )	<b>\$150</b>	<input type="checkbox"/> 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 and assigned on a first-come-first-served basis by MIAHCS Staff.
- Set-up must be complete no later than 3:00 pm on Thursday, April 11, 2019. No vehicles will be permitted in Vendor/Exhibitor Area after 8:30 a.m. once event commences on Friday, April 12, 2019.
- 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 2019 (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: \_\_\_\_\_

**THIS AGREEMENT IS NOT CONSIDERED VALID UNTIL ACCEPTED AND SIGNED BY MIAHCS STAFF**

## 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: MIAHCS  
18305 NW 75 Place, Hialeah, FL 33015

**For more information: (305) 823-2700 / assistant@sfacs.org**