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.miamicattleshow.org

For more information: (305) 823-2700 / assistant@sfacs.org
### MIAHCS VENDOR AGREEMENT:

<table>
<thead>
<tr>
<th>Booth Type</th>
<th>Price</th>
<th>Quantity</th>
<th>Subtotal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corner Booth (Only 2 available)</td>
<td>$500</td>
<td>_____</td>
<td>_____</td>
</tr>
<tr>
<td>Regular Booth (For Profit)</td>
<td>$250</td>
<td>_____</td>
<td>_____</td>
</tr>
<tr>
<td>Regular Booth (Non-profit, plant, produce only)</td>
<td>$150</td>
<td>_____</td>
<td>_____</td>
</tr>
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**TOTAL:** _____

- 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.

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**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