



2006 SUMMER FIELD DAY • EXHIBIT SPACE CONTRACT
TUESDAY, AUGUST 8, 2006
LAKE COUNTY NURSERY, INC. • 5052 S. RIDGE RD. RT. 84 • PERRY, OHIO

PLEASE TYPE OR PRINT CLEARLY

Company Name _____

Contact Name _____

Address _____

City/State/Zip _____

Phone _____ Fax _____ E-mail _____

Product or Services to be exhibited: _____

Exhibit Set Up: Monday, August 7, 2006 7:30 a.m. - 5:00 p.m. Exhibit Open: Tuesday, August 8, 2006 9:00 a.m. - 4:00 p.m.

Exhibit Tear Down Tuesday, August 8, 2006 - Beginning at 4:00 p.m. or Wednesday, August 9 at 7:30 a.m. to 11:30 p.m.

*** EXHIBIT SPACE IS ASSIGNED ON A FIRST PAID, FIRST SERVED BASIS. ***

First Booth (see diagram) Choice(s) _____ Second Booth (see diagram) Choice(s) _____

If your choices are already assigned, the next closest will be given

Booth space required: Booth (10' x 10')() x \$155.00 = \$ _____

(Includes (1) Lunch & (1) Exhibiting Personnel)

Booth (20' x 20') EQUIPMENT ONLY() x \$215.00 = \$ _____

(Includes (2) Lunches & (2) Exhibiting Personnel)

Exhibiting Personnel: 1. _____ 2. _____

3. _____ 4. _____

(Name Badges & Lunch Tickets will be mailed until August 1st. After August 1st, pick up at registration table August 9th)

Additional Exhibiting Personnel & Lunch() x \$15.00 = \$ _____

Umbrella Table & 2 Chairs() x \$35.00 = \$ _____

MUST BE ORDERED BY 8/1/06.

TOTAL \$ _____

DON'T FORGET YOUR TABLE & CHAIRS. THERE ARE NO EXTRA TABLE & CHAIRS AVAILABLE ON SITE. THEY ARE AVAILABLE ONLY THRU PRE-REGISTRATION.

Registration at door \$19.00 (Includes Lunch)

NOTE: Contract cannot be processed without payment. Please return both copies of contract with payment, along with certificate of insurance as set forth below*. One copy will be returned to you with countersignature.

TERMS: Full payment is required with application, payable to the Nursery Growers of Lake County Ohio, Inc.

Cancellations after July 15, 2006 will forfeit full payment. NO REFUNDS ON OR AFTER DATE OF SHOW

Exhibitor Authorized Signature _____ Date _____

(MUST BE SIGNED)

Direct all exhibit inquiries and correspondence to:

NGLCO, P.O. Box 702, Madison, Ohio 44057
 Phone: 440-241-7969 • Fax: 440-259-3364
 www.nglco.com • email: info@nglco.com

For Office Use Only

Date _____ Exhibit Space Cost _____ NGLCO Show Management _____ Payment Received _____

This contract is between the NGLCO and _____

In consideration of _____ dollars as payment in full, the NGLCO hereby leases space
 No(s): _____ at the Summer Field Day, as shown on official diagram, for a term of one show day,
 August 8, 2006, subject to all regulations governing the exhibits.

Property Damage: The NGLCO & Lake County Nursery, Inc. will not be responsible for the loss or damage of any exhibitor's merchandise, display material or personal property. They will not be responsible for injury that may occur to an exhibitor or his employees or his agents, nor for the safety of, or damage to, any exhibit because of accident or any other destructive cause. All claims of such loss are hereby expressly waived by the exhibitor. The exhibitor is liable for any and all property damage and/or injury caused by himself, his employees, his agents, or his exhibit, and will provide a certificate of liability insurance evidencing at least a minimum combined single limit of \$300,000.

