



# BloomFest & The Winner's Circle 2018 EXHIBITOR APPLICATION FORM



Name		Title	
Business Name			
Mailing Address			
City		State	Zip Code
Phone Number		Email Address	
Website			
<i>Please provide a brief description of the products/goods/services you will be selling/promoting during the conference</i>			
◇ <b>3 Day Exhibitor Booth (May 24-26) - \$150 = Total: \$</b> _____			
◇ <b>2 Day Exhibitor Booth - \$125 = Total: \$</b> _____			
Please select 2 (two) dates: ___ Thur., 5/24 ___ Fri., 5/25 ___ Sat., 5/26			
◇ <b>1 Day Exhibitor Booth - \$100 = Total: \$</b> _____			
Please select date: ___ Thur., 5/24 ___ Fri., 5/25 ___ Sat., 5/26			
<b>CREDIT CARD AUTHORIZATION</b>			
Name on Credit Card		Credit Card Type	
		◇ Visa ◇ Mastercard ◇ AMEX ◇ Discover	
Card Number			
Exp Date		CVV Code	Zip Code
<i>I hereby authorize BloomFest2018 to charge my credit card in the amount of</i> \$ _____.			
Signature			

# EXHIBITOR APPLICATION FORM - CONTINUED

I shall and will hold harmless BloomFest 2018/Dr. Connie Stewart/Bloom Network and any and all related entities from and against any and all claims, liabilities, demands, expenses, fees, penalties, suits, proceedings, actions and causes of action of any and every kind and nature arising from or out of, or in any connected way with vendor use, occupancy or activities in or related to BloomFest 2018/The Winner's Circle , taking place on May 24-26, 2018. Vendors will be personally liable to other participating vendors and members of the public for their own acts and are responsible for obtaining their own insurance. Exhibitor booths are non-refundable. There are no product/good/service exclusivity guaranteed for exhibitors during this conference.

I understand that neither BloomFest 2018/Dr. Connie Stewart/Bloom Network nor its members/partners will be held responsible for loss and/or damage to vendor's personal property caused by any reason and I will not assert any such claim against them. BloomFest 2018/Dr. Connie Stewart/Bloom Network reserve the right to cancel this event should an emergency arise.

BloomFest 2018/Dr. Connie Stewart/Bloom Network has the right to ask any vendor to leave the conference if they have misrepresented information on this application, or if their product or conduct is deemed inappropriate to this conference. By signing below, I agree to the terms and conditions of this contract and confirm that I have arranged to have or already have the appropriate vendor's insurance for this event.

Signature

Date

**Please complete the Exhibitor Application Form, sign and return to: [media@jennifermedia.com](mailto:media@jennifermedia.com)  
or call 832-384-9096.**