

PENNSYLVANIA HERB FESTIVAL
York Expo Center, York PA 17404
Friday, April 16, 2010 - 12:00 noon - 7:00 pm
& Saturday, April 17, 2010 - 9:00 am - 4:00 pm

PLEASE TYPE OR PRINT CLEARLY

Business Name: _____
Web site Address: _____
Your Name: _____
Address: _____
Phone Number: _____
Email: _____
PA TAX ID# (Required): _____

TYPE OF HERB/GARDEN BUSINESS

Please include a brief description of the products/services you offer.

Pennsylvania Vendors selling plants will need to include a copy of PDA License (Nursery Dealer Certificate) along with this application. Out of state Plant Vendors will need to provide a copy of Certificate of Cleanliness.

New Vendors: Please include a description of your product/business along with two photos of your set-up. Photos will not be returned.

Applications and booth fees not accepted will be returned April 1, 2010. No refunds after March 30, 2010.

SET-UP BEGINS ON FRIDAY, APRIL 16, 2010 AT 6:00 AM

10' X 12' Space Fee:	Number of spaces	
\$ 90.00 if postmarked by January 31, 2010	_____	x \$ 90.00 = _____
\$125.00 if postmarked by February 28, 2010	_____	x \$ 125.00 = _____
\$150.00 if postmarked by March 30, 2010	_____	x \$ 150.00 = _____
Additional Fee for each corner space requested \$40.00	_____	x \$ 40.00 = _____
Fee for rental of 8 ft table \$16.00 each: number requested	_____	x \$ 16.00 = _____
Fee for electrical outlet \$30.00	_____	x \$ 30.00 = _____

(Please bring an electrical strip if you need more than one outlet.)

Total Enclosed: _____

BOOTHS WILL BE ASSIGNED ON A FIRST COME, FIRST SERVED BASIS

Please refer to Floor Plan

First Booth Choice: _____ Second Booth Choice: _____ Same as Last Year: _____

Are you willing to donate a door prize to give out at the Festival? Yes _____ No _____

(Your door prize number will be posted at your booth in hopes to generate traffic to your retail area.)

How many promotional postcards would you like? _____

How many promotional posters would you like? _____

"I agree not to hold any member of The Pennsylvania Herb Festival Committee liable for loss, damage, or personal injury and hereby release and hold The Pennsylvania Herb Festival Committee harmless from all acts of negligence and of any nature whatsoever which may arise as a result of my participation in this festival."

Signature: _____ Date: _____

Send this application, check and photos (photos are required of new vendors) to:
Pennsylvania Herb Festival, P.O. Box 4761, Harrisburg PA 17111

Questions should be directed to SweetAnnieHerbals@hotmail.com
or Susan Eggleston 717-503-2305