

Spring Obsession 2017 Exhibitor Application

8am – 3pm on Saturday, March 11, 2017 @ Munn Park in Historic Downtown Lakeland

Spring Obsession, Inc. * PO Box 2594 * Lakeland, FL 33806-2594

(863) 617-9590 * info@springobsession.org

Business Name _____

Contact Name (Last, First) _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Website/FB Page Name _____

Registration Fee. The registration fee allows for ONE 10'x10' booth space. If you require extra space, please include additional space registration and payment.

- * Early bird (application *postmarked* on or before 12/17/16) \$75
- * Regular (application received before event) \$85
- * Day-Of \$90
- * Non-Profit \$35

- * Optional-Electrical \$10

Step 1: Select your category.

_____ Plant _____ Art _____ Food _____ Non-Profit _____ Other

Step 2: Provide a complete description of your items or services.

Step 3: Provide additional comments, special needs, or placement requests.

Step 4: Provide payment and sales tax information. Include a recent copy of your *Florida Annual Resale Certificate for Sales Tax* or *Sales Tax Exempt Certificate (non-profits)* and **check for full payment** made out to “Spring Obsession, Inc” with this application and mail to the address above. Applications received later than two weeks prior to the event may not be included in the event signage.

Number of booth spaces (*please indicate if more than one*) _____

Registration fee (*multiplied by number of booth spaces*) _____

Electric (*if needed*) _____

Total Amount _____

I, the undersigned, have read the rules and guidelines for Spring Obsession and agree to abide by them. I also understand that the Spring Obsession board, assistants, personnel, The City of Lakeland, and all Spring Obsession sponsors will not be held responsible for loss or damage to work, for personal injuries, or property damage.

I agree that in such circumstance, I will not be party to any legal action against them.

Signature of Exhibitor _____

Print Name of Exhibitor _____ Date _____

Office Use Only

Ck # _____ Amt _____ Dep _____ Email _____ QB _____ Booth _____