



**NURSERY GROWERS OF LAKE COUNTY OHIO, INC.**

**2025 FIELD DAY  
EXHIBIT SPACE CONTRACT  
TUESDAY, AUGUST 12, 2025**



PLEASE TYPE OR PRINT CLEARLY

COMPANY NAME \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

PRODUCT OR SERVICES TO BE  
EXHIBITED \_\_\_\_\_

**EXHIBIT SET-UP:** Monday August 11, 9AM-5PM **EXHIBIT OPEN:** Tuesday, August 12, 9AM-3PM

**EXHIBIT TEAR DOWN:** Thursday, August 12th, Beginning AT 3PM

**BOOTH SPACE REQUIRED:** BOOTH (10X10) & 4 exhibiting personnel..... Member **\$250.00** \_\_\_\_\_

BOOTH (10X10) & 4 exhibiting personnel.... **NON-MEMBERS \$300.00** \_\_\_\_\_

(EQUIPMENT ONLY) BOOTH (20X20) & 4 exhibiting personnel ..... **\$400.00** \_\_\_\_\_

TABLE & 2 CHAIRS..... **\$75.00** \_\_\_\_\_

**TOTAL=\$** \_\_\_\_\_

**NOT A MEMBER? WANT TO BECOME ONE? ASSOCIATE MEMBERSHIP IS ONLY \$75.00**

Credit Card # \_\_\_\_\_ Exp date \_\_\_\_\_ cvc \_\_\_\_\_

**NOTE: CONTRACT CANNOT BE PROCESSED WITHOUT PAYMENT. PLEASE RETURN ORIGINAL COPY OF CONTRACT** WITH PAYMENT, ALONG WITH CERTIFICATE OF INSURANCE AS SET FORTH BELOW.

TERMS: FULL PAYMENT IS REQUIRED WITH APPLICATION, PAYABLE TO THE  
**NURSERY GROWERS OF LAKE COUNTY OHIO, INC.**

**CANCELLATIONS: AFTER SEPTEMBER 8, 2024, WILL FORFEIT FULL PAYMENT.**

**EXHIBITOR AUTHORIZED SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**DIRECT ALL EXHIBIT INQUIRIES, CORRESPONDENCE AND PAYMENTS TO:**

NGLCO, PO BOX 66, Madison, OHIO 44057

PHONE: (440) 241-7969 EMAIL: [INFO@NGLCO.COM](mailto:INFO@NGLCO.COM)

PROPERTY DAMAGE: **THE NGLCO & DEBONNE WILL NOT BE RESPONSIBLE** FOR THE LOSS OR DAMAGE OF ANY EXHIBITORS 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.

**DUE TO INSURANCE REGULATIONS, CERTIFICATE OF INSURANCE IS MANDATORY.**