



# Ward Museum/Chesapeake Wildfowl Expo 2018

## EXHIBITOR SPACE RENTAL AGREEMENT



This is to serve as an agreement between \_\_\_\_\_ and the Ward Foundation of 909 S. Schumaker Dr., Salisbury, MD 21804, for the rental of exhibitor space at the Ward Museum/Chesapeake Wildfowl Expo to display and sell decoys, folk art, antiques, and boating, hunting and fishing supplies on Saturday, October 13, 2018. Exhibitor area is in the front parking lot of the museum and in the Legacy Center\ Henson Education Center.

**Outdoor Tailgating Spaces are as follows: One space is equal to two parking areas, Cover, tables and electricity are not available. Indoor Vendor Space (1- 6 ft. table included, limited electricity)**

**Set up is at 7 a.m. and breakdown for starts at 4 p.m. on Saturday**

**All exhibitors are prohibited from parking at the rear of the building.**

<input type="checkbox"/> Outdoor Space Saturday 8 a.m. - 4 p.m.	No. of spaces _____ x \$25.00 = \$ _____
<input type="checkbox"/> Indoor Space Saturday 8 a.m. - 4 p.m. <small>(Priority for indoor space will be given to vintage wildfowl collectors if Received by September 1, 2018)</small>	No. of spaces _____ x \$50.00 \$ _____
<b>Due in <u>full</u> with return of agreement</b>	
<b>GRAND TOTAL Enclosed = \$ _____</b>	

I understand I will be assigned a location as deemed best by the management. By signing this agreement, I agree to protect the Ward Foundation, its Board of Trustees, and its employees, and to save them harmless from any and all claims for damage or suits which may arise from injury as well as loss or damage to property or persons occurring within the retail space I have rented. I also agree the Ward Foundation is not responsible for the safety of my exhibit or any property in the case of loss by fire, robbery, theft, accident, or any other destructive cause or for injury that might occur to me, my employees, assistants, guests, and customers. Additionally, I agree to abide by all decisions of the management made in reference to and in conjunction with said event. I agree that my information will be listed on the Ward Museum web site, and that I must pay in full with return of agreement in order to receive this listing. I understand that I must cancel in writing by September 1, 2018, in order to receive a full refund.

Name _____	MD sales tax no. _____
Business Name _____	Phone (_____) _____
Address _____	Fax (_____) _____
City/State/Zip _____	E-mail _____
Zip _____	Website _____
<input type="checkbox"/> Check if address is NEW	

Describe what you plan to display & sell \_\_\_\_\_

Signature Required \_\_\_\_\_ Date \_\_\_\_\_

Member ID # \_\_\_\_\_

**Name Badges: Please print names below as you would like them to appear on badges. Limit 2 per space.**

Please make checks payable to the Ward Foundation.  
 Return agreement to:  
 Kristie Clattenburg, Event Director  
 The Ward Museum of Wildfowl Art  
 909 S. Schumaker Dr.  
 Salisbury, MD 21804  
 (410) 742-4988 Ext. 106  
 E-mail: kaclattenburg@salisbury.edu

**For office use only**

Amt. Recd \$ \_\_\_\_\_

Date \_\_\_\_\_

Check no. \_\_\_\_\_