

Sustaining Life *from* Soil to Sky



PARTICIPANT REGISTRATION

All persons/organizations requesting participation in Ag Day must complete this form in full and **return it with payment** to 104 Townsend Hall by March 14th, 2008. This includes general exhibitors; those conducting tours or plant sales; food vendors; and those wishing to provide mini-lectures or demonstrations.

Late registrations will be accepted subject to space availability and other restrictions.
Health permit applications for food sales must be returned by March 14th—no exceptions.

Saturday, April 26th, 2008 • 10:00 a.m. - 4:00 p.m.
College of Agriculture & Natural Resources
104 Townsend Hall • 531 S. College Ave. • Newark, DE 19716
PH: 302/ 831-2508 • FAX: 302/831-1360

Please complete all information:

Organization Name: _____

Contact Person: _____

Phone number: _____ Fax number: _____

Email: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Publicity

I am willing to help promote Ag Day.

Please send me _____ flyers and/or _____ posters (indicate number of flyers/posters desired)

Exhibitor Classifications (check the one that applies to your group; if you are unsure, call 831-2508)

____ Mini-Lecture/Demonstrator ONLY (no exhibit space): NO CHARGE

____ Educational exhibit only (no sales of any kind): \$15

____ Food Sales, Plant Sales, Activities/Crafts that have a charge, Raffles, "Donations Accepted," or Sales of any kind: \$50

____ Electricity Needed: If you need electricity, an **extra \$10** should be added to your registration fee.

Electrical Needs

____ (Y/N) Electricity Needed?

- If you will need electricity, note how many outlets and the purpose of the electricity.

Outlets Needed: _____ Voltage/Wattage Needed: _____ Purpose: _____

Electrical Equipment to be Used: _____

Food Preparation and Sales

Are you selling food? _____ (If yes, please return and complete the enclosed permit application. Please note that the permit is specific to the type of food you will be serving; therefore, you may not serve any food other than what is listed on your health permit. If you decide to serve something else, a new health permit must be submitted before the March 14th deadline.)

Over please

Name of Organization: _____

Logistical Requests (Please do not over-order, or you may incur an additional charge.) *If you need more than the maximum number, please send an email to kvanb@udel.edu explaining your need for extra tables or chairs.*

- How many tables will you require? (maximum of 2) _____
- How many chairs will you require? (maximum of 4) _____
- Specify Space Needs (If you need extra space around your tables, specify in approximate square footage.): _____
- Other needs: _____

Event Registration

Please complete the information for each component of your organization's exhibit. **Please be specific and detailed in your descriptions, as we will be providing an Exhibit Guide for our visitors this year.** Use the following key to indicate the type of each event

Exhibit Type:

EE = Educational Exhibit

ML = Mini-Lecture

D= Demonstration

T= Tour/Activity

FS = Food Sale

PS = Plant Sale

O = Other

S
A
M
P
L
E

Title: <i>BBQ Beef Sandwiches</i>	Type: <i>FS</i>
Description: <i>BBQ Beef Sandwiches, Chips, Soda</i>	Price for Activity (if applicable): <i>\$2.50/sandwich</i> <i>\$4.00/meal</i>

Component 1 (if appropriate)

Title:	Type:
Description:	Price for Activity (if applicable):

Component 2 (if appropriate)

Title:	Type:
Description:	Price for Activity (if applicable):

Component 3 (if appropriate)

Title:	Type:
Description:	Price for Activity (if applicable):

Additional Notes or Components of your Exhibit: