



Booth During the Oregon Morgan Classic

Vendor Coordinator: Gay Adams, (503) 936-4276

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Booth at the Oregon Horse Center,

90751 PRAIRIE ROAD EUGENE, OR 97402

VENDOR SPACE REGISTRATION FORM

EVENT INTERESTED IN: Oregon Morgan Classic Horse Show

Date: June 18-21, 2025

COMPANY: _____

PRIMARY CONTACT: _____

CELL PHONE: _____

BUSINESS PHONE: _____

EMAIL ADDRESS: _____

ADDRESS: _____

SPACE DESIRED: _____

SIZE OF SPACE NEEDED: _____

PRODUCT

DESCRIPTION: _____

ADDITIONAL NOTES: _____

*VENDOR SPACES ARE RESERVED ON A FIRST RESERVED BASIS.

*BOOTH SPACES WILL BE ASSIGNED, HOWEVER WE WILL TAKE INTO CONSIDERATION YOUR DESIRED SPACE.

*SEE PRICING ON ATTACHED PAGE ALONG WITH A MAP OF SPACE #'S.

*VENDORS MUST STAY WITHIN THEIR ASSIGNED SPACES, AND WILL BE ASKED TO MOVE IF USING MORE THAN ASSIGNED.

*IF YOU PLAN TO USE A TENT OR TRAILER PLEASE PLAN AHEAD OF TIME WITH THE VENDOR COORDINATOR REGARDING SIZE AND SET-UP.

*SPACE PER DAY INCLUDES EXHIBIT SPACE AND ONE ELECTRICAL PLUG. VENDORS ARE RESPONSIBLE FOR PROVIDING OWN TABLE(S), CHAIR(S), COVERING(S), SIGNAGE, EXTENSION CORD(S), ETC.

1. **Eligibility to participate:** OHC reserves the right to decline or prohibit any exhibit, exhibitor or proposed exhibitor, which in the Management's opinion is not suitable to and in keeping with the character of the event.

2. **No exhibitor or display spaces shall be sublet:** Those exhibitors found to be subletting space or providing space to items or persons not normally in your business on a full time basis, will be ordered closed and moved off the premises immediately if the items are not removed.

3. **Display Setup in Buildings:** Make sure you have coordinated the appropriate move in time per the event attending as times may vary.

4. OHC and its affiliates may not be held responsible for lost/stolen/damaged goods/products. Exhibitors are responsible for all personal belongings.

SIGNATURE: _____

TODAY'S DATE: _____

BOOTH SPACE WILL NOT BE ASSIGNED UNTIL PAYMENT IS RECEIVED IN FULL.

DATE REGISTRATION RECEIVED SPACE # ASSIGNED _____

METHOD OF PAYMENT: CASH CHECK (MAKE PAYABLE TO MHAO-OMC)

CC _____

CARD # _____

EXP _____

CVV _____

ZIP _____