



MISSISSIPPI MASTER GARDENER ASSOC.
2026 STATE CONFERENCE
April 27-29, 2026



DeSoto County Master Gardener
DeSoto County Agri-Education Center
1170 Star Landing Road W.
Nesbit, MS 38651

Vendor Agreement and Application

Payment in full must accompany application (Check or Money Order Only)
Please make check payable to MS Master Gardener Association – 2026 Conference, and mail to
DeSoto County Extension Office, DeSoto County Master Gardener Association,
ATTN: Tom Eubank,
1170 Star Landing Road W.
Nesbit, MS. 38651

If you have questions, please contact: _____
desotomg@gmail.com

Vendor space will be filled on a first come, first served basis. Please get your forms in early.
Additional information will be provided by phone or email at the time of receipt of application &
fee. We anticipate set-up **Sunday April 26 from 12:00 p.m. till 5:00 p.m.**

Deadline for all submissions is March 27, 2026

Name: _____

Business Name: _____

Business Tax Identification #: (Optional) _____

Description of items/products for sale: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Size: 10' X 10' Number of Spaces _____ X \$ 75.00 Each = \$ _____

10' X 12' Number of Spaces _____ X \$100.00 Each = \$ _____

A page listing exhibitors will be included in the Conference Program.



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Vendor Agreement and Application Statement

I agree to abide by the rules and regulation of the MS Master Gardener 2026 Conference and the Desoto County Agri-Education Center and to provide my own liability insurance and any and all permits and licenses (where applicable).

I agree to not hold the MS Master Gardeners, the MS State Extension Service, or the Desoto County Agri-Education Center, or its representatives and employees, responsible for any damages arising out of the sales of my products, from my presence or the activity of anyone associated with me on the market site.

I agree to not hold the MS Master Gardeners, the MS State Extension Service, or the Desoto County Agri-Education Center, or its representatives and employees, responsible for any lost, damaged or stolen items located on the market site.

I understand and agree that **sales taxes will be collected by the Conference** at the end of the event, as required by Mississippi law. I also agree that I will maintain a paper trail of all taxable sales.

Authorized Signature: _____

Title: _____

Date: _____

Mobile Phone #: _____

Email: _____

Would like to purchase Program Advertisement?: **Yes:** _____ **No:** _____

Would you like to donate a door prize or raffle item? **Yes** _____ **No:** _____

Would you like to donate samples for the SWAG BAGS? **Yes:** _____ **No:** _____

If you answered Yes, information will be sent to you via email.



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