



**Friday thru Sunday  
February 19 - 21  
CHI Health Center**

*Fresh Ideas at the Home & Garden Event of the Year!*

## **FRESH & LOCAL Feature Area**

### **2027 APPLICATION FORM**

DATE: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

COMPANY / ORGANIZATION NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ FAX NUMBER: (\_\_\_\_) \_\_\_\_\_

E-MAIL: \_\_\_\_\_

Please describe the type of items that you would offer and return your application as soon as possible. Your application will be reviewed and space will be assigned subject to approval.

BRIEF DESCRIPTION OF PRODUCTS: (Please attach any further information that may be helpful, such as a copy of published articles, etc.)

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### **Please Return or Phone:**

Mike Mancuso  
Show Director

Mid-America Expositions, Inc.  
7015 Spring Street  
Omaha, NE 68106

PHONE: (402) 346 – 8003  
FAX: (402) 346 – 5412

EMAIL: [info@showofficeonline.com](mailto:info@showofficeonline.com)  
WEBSITE: [showofficeonline.com](http://showofficeonline.com)