



DEAFESTIVAL - KENTUCKY



Application for Exhibitors & Vendors Louisville, KY – September 3, 2016

The Exhibitors/Vendors venue will be held on the Belvedere adjacent to or inside the Kentucky Center. Each 10' by 10' booth includes one (1) draped 6' table, two (2) chairs, and one (1) booth identification sign. Interested Exhibitors/Vendors must complete this application prior to the **July 1, 2016 deadline**. Each space is assigned based on submission date, uniqueness and diversity of exhibit, and full payment for booth included with application.

For Profit	Non-Profit	Electric
\$300.00	\$200.00	\$50.00

Set-Up	Venue Hours	Breakdown
Friday 9/2/16 10 am - 3 pm	Saturday 9/3/16 9 am - 5 pm	Saturday 9/3/16 5 pm - 6 pm

Please PRINT clearly:

Exhibitor / Business / Organization Name: _____

Business/Organization Status: For Profit Non - Profit (Verification required)

Mailing Address: _____ City: _____ State: _____ Zip: _____

Daytime Phone: () _____ Home: () _____ VP: () _____

Fax () _____ Email Address: _____

Number of booths requested: 1 2 3 Electric (\$50 additional charge each)

Name of person(s) at the booth other than yourself: _____

BOOTH IDENTIFICATION SIGN (Print the following exactly as you wish it to appear):

Name: _____ Product/Service Description: _____

Cancellation of Exhibitor/Vendor Contract:

Should an Exhibitor/Vendor cancel the reserved space – DeaFestival retains 100% of all contracted cost. No refunds.

EXHIBITORS/VENDORS AGREEMENT:

The undersigned hereby applies for Exhibitor space with DeaFestival-Kentucky on September 3, 2016. We understand and agree to the above rules. This application becomes a contract when accepted and signed by the DeaFestival-Kentucky Coordinator. A copy of the contract will be returned to you with your confirmation letter by July 15, 2016

We understand that all fees are to be paid in full, checks payable to Knowledge Center on Deafness (KCD), upon submission of the signed application/contract. Applications are incomplete if payment is omitted.

(Signature of Exhibitor/Vendor)

(Date)

METHOD OF PAYMENT (Payable to Knowledge Center on Deafness) Money Order Check Total: _____

Mail signed contract and payment to: KCD * P.O. Box 618 * Frankfort, KY 40601

For more information, go to: <http://www.deafestival.org> or <http://www.kcdhh.ky.gov>

DeaFestival-Kentucky Signature: _____ Date: _____ Booth #: _____

FOR OFFICE USE:
