



DEAFESTIVAL – KENTUCKY

Application for Exhibitors Venue
Louisville, Kentucky - August 30, 2008

The Exhibitors Venue will be held on the Belvedere adjacent to 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 must complete this application prior to the **June 15, 2008 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	Set-Up	Venue Hours	Breakdown
\$325.00	\$225.00	\$50.00	Friday 8/29/08 12:00 pm - 4:00 pm	Saturday 8/30/08 10:00 am - 6:00 pm	Saturday 8/30/08 6:00 pm - 7:00 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(es) (Include a pager address if you have one): _____

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 information exactly as you wish it to appear on the booth identification sign:

NAME: _____ **Product/Service Description:** _____

Cancellation of Exhibit Contract:

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

EXHIBITORS AGREEMENT:

The undersigned hereby applies for Exhibitor space with DeaFestival-Kentucky on August 30, 2008. 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 June 30, 2008.

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)

(Date)

METHOD OF PAYMENT (select one) Money Order or Check *(Payable to Knowledge Center on Deafness)* enclosed **Total:** _____

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

Mail signed contract and payment to:

**KCD
P.O. Box 618
Frankfort, Kentucky 40601**

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