

New Exhibitor Information and References

This form is required for participation and intended to verify the quality of participants. Information is kept confidential.

Exhibitor Information

Company Name: _____ Owner of Company: _____

Work Phone: _____ Cell Phone: _____ Fax: _____

E-mail: _____ Company EIN #: _____

I have attached a copy of my current driver's license. Driver's License Number: _____

I have submitted a current copy of my company's insurance certificate.

Company History & Information

How long has your company been in business? _____ Provide a brief company history: _____

Have you ever done business under a different name? Yes ___ No ___ If yes, what was the reason for change? _____

Are you a member of your local chamber of commerce? Yes ___ No ___ Which Branch? _____

Is your company registered with the Better Business Bureau? Yes ___ No ___

Please list any trade organizations or associations your company is a member of: _____

Are you aware of any complaints against your company? Yes ___ No ___ If yes, please explain: _____

Show References Provide the contact information of at least one event that you have participated in.

Name Of Show: _____ Location: _____

Event Production Company: _____ Contact Name: _____

Phone: _____ Fax: _____ E-mail: _____ Web: _____

List any other events you have participated in: _____

Professional References

1) Name: _____ Company: _____ Position: _____

E-mail: _____ Address: _____ City: _____ State: ___ Zip: _____

Daytime Phone: _____ Cell Phone: _____ Relationship: _____

2) Name: _____ Company: _____ Position: _____

E-mail: _____ Address: _____ City: _____ State: ___ Zip: _____

Daytime Phone: _____ Cell Phone: _____ Relationship: _____

I verify the above and understand that omitting or falsifying information jeopardizes my participation. I understand that facts will be checked and the parties listed above will be contacted. Kennedy Productions reserves the right to deny participation for any reason.

Signed: _____ Date: _____