The Connecticut Building
EXHIBITION SPACE APPLICATION

DEADLINE: TUESDAY, APRIL 1, 2014

Send completed form to: Rhonda F. Olisky, Eastern States Exposition Connecticut Building, Department of Economic and Community Development (DECD), Connecticut Office of Tourism, One Constitution Plaza, 2nd Floor, Hartford, CT 06103. Fax number: 860-270-8077. Email: rhonda.olisky@ct.gov

EVERY BLANK MUST BE FILLED IN (OR INDICATE N/A) IN ORDER FOR THIS FORM TO BE CONSIDERED COMPLETE AND READY FOR REVIEW

APPLICANT INFORMATION

Business Name _____

Business Also Known As (if different from above name) _____

Date of Incorporation in CT _____

Web-site Address _____

Mailing Address _____

City/State/Zip _____

Application Contact Person _____

Contact Person's Title _____

Email _____ Telephone/Extension _____

Cell Phone _____ Fax _____

NARRATIVE - ATTACHED SEPERATE SHEET(S) IF NEEDED

1. The goal of the Connecticut Building is to promote the State's agriculture, natural resources, Connecticut-based industry, tourism and culture and to celebrate the talent, skill and innovation of Connecticut artists, craftspeople, agricultural producers and manufacturers. Describe how your booth would contribute to this goal.

2. Describe <u>in detail</u> the type of product(s) and/or service to be offered. NOTE: Only items listed here will be allowed for sale in your booth.

NARRATIVE **(CONTINUED)**

3. If you have been a previous exhibitor, which of the above are new?

4. Do you have the human resources to staff your booth from 9:00 a.m. to 9:00 p.m.?

5. Are all merchandise or parts thereof made in Connecticut? Where? By Whom?

6. If product is not made in Connecticut, indicate where each is made and explain how they are altered by your business. NOTE: Items, prior to altering by you, must be made in the United States. Products displaying an out-of-state manufacturer are prohibited.

7. For vendors selling food, indicate how you will sell your product—pre-packaged, by the piece, or both. NOTE: Food vendors will be subject to inspection and licensing by West Springfield, MA Health Department.

8. Will you be demonstrating how your product is made/used? What will you be doing?

9. List any other shows in which you are participating between now and September 2014.

10. Do you have a production/sales facility that is open to the public? If yes, where is it located?

11. Are you applying to be a full-time vendor (17 days) or part-time vendor (2 or more days)? If part-time, indicate how many days you would like to exhibit.

12. Indicate the size of exhibition space you will need.

SUPPORT MATERIALS

Applicants MUST submit photographs, drawings, sketches and/or video to describe your booth and your product(s)/service. These materials will not be returned.

Printed Name _____ Title _____

Signature _____ Date _____