



# DEAFESTIVAL – KENTUCKY

Application for Exhibitors Venue  
Horse Cave, Kentucky - September 4, 2010

The Exhibitors Venue will be held near the Thomas House beside the Kentucky Repetory Theatre in downtown Horse Cave, Kentucky. 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 **July 26, 2010 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	Saturday 9/4/10 8:00 am-10:00 am CST	Saturday 9/4/10 10:00 am-6:00 pm CST	Saturday 9/4/10 6:00 pm - 7:00 pm CST

**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 September 4, 2010. 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 August 6, 2010.

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>