



APPLICATION FOR USE

NAME _____

ORGANIZATION/COMPANY _____

ADDRESS _____

PHONE _____ FAX _____

E-MAIL _____

WEBSITE _____

PRICIPALS/OFFICERS OF ORGANIZATION

NAME _____ TITLE _____

ADDRESS _____ PHONE _____

NAME _____ TITLE _____

ADDRESS _____ PHONE _____

NAME _____ TITLE _____

ADDRESS _____ PHONE _____

Corporation Partnership Sole Proprietor Profit Non-Profit

IRS Tax ID No . _____ Registered in State _____

EVENT NAME AND DESCRIPTION

INCLUDE NAMES OF ALL ARTISTS/ACTS

EVENT INFORMATION

HALLS EXHIBIT SPACE MEETING SPACE

AMOUNT OF SPACE REQUIRED _____

EVENT DATE(S) _____ EVENT TIME(S) _____

MOVE-IN DAY(S) _____ MOVE-IN TIME _____

MOVE-OUT DAY(S) _____ MOVE-OUT TIME _____

ADMISSION CHARGE/TICKETED? _____ PRICE(S) _____

ANTICIPATED ATTENDANCE _____

SPECIAL OFFERS/PROMOTIONS _____

CATERING REQUIRED? _____

CONCESSIONS REQUIRED? _____

EQUIPMENT REQUIREMENTS _____

MERCHANDISE/NOVELTIES? _____ IF YES, PLEASE SPECIFY _____

REFERENCES

IN ORDER TO HOLD SPACE, THIS SECTION MUST BE COMPLETED IN FULL.

THESE MUST BE REFERENCES AT BUILDINGS WHERE YOU HAVE PROMOTED SHOWS IN THE LAST 6 MONTHS

FACILITY _____

CONTACT _____ PHONE _____

FACILITY _____

CONTACT _____ PHONE _____

FACILITY _____

CONTACT _____ PHONE _____

NAME (PLEASE PRINT) _____

SIGNATURE _____

DATE SUBMITTED _____

RETURN FAX: KICC SALES DEPARTMENT 502-595-3675