The Connecticut Showcase Booth
APPLICATION

DEADLINE: WEDNESDAY, APRIL 1, 2015

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

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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 10:00 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. Will you be demonstrating how your product is made/used? What will you be doing?

8. List any other shows in which you are participating between now and September 2015.

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

Printed Name _____ Title _____

Signature _____ Date _____