



## Space Application for Sept 24-27, 2020

Western Tradeshow Booths and Commercial Exhibits

Official Business Name/DBA Name:					
*Name must match name on Certificate of	of Insurance				
Owner or Operator Name:					
Address:					
City:					
Preferred Phone #1:	Preferred Phone #2:				
Tax ID#		Fax#:			
E-Mail address:		Website:			
In the event of an emergency, please give to contact them, during off-hours, or a bu	·	_	ng your location	at our Fair an	nd where we might be able
RELATIONSHIP:	ONSHIP: NAME:		PHONE #:		
Is your business on social media? User ha	andle for Eacebook @	· Inst	agram @	. (	Other
Mark what type of space you are applying					
Electrical hook-ups are in proximity to the				, 10x30 <sup>-</sup> y	1,000
Include Color Photo: All applicatio	•	_	_	oto may be re	eturned if requested).
Provide <b>at least two references</b> (Event Na participated.	ame, Contact Name, City, S	tate, Phone #) of F	Fairs, Festivals o	r Expositions v	where you have
#1.					
#2.					
Signature of person making application:_					
Complete this form and mail favor on a	il with color photo to:				

Complete this form and mail, fax or email with color photo to:

Aksarben Stock Show Vendor, Gretchen Kirchmann, PO Box 1387, Grand Island, NE 68802-1387 Phone: 406-396-7316; Fax: 308-384-1555, gkirchmann@showaksarben.com

Aksarben Stock Show Space Rental Rules & Regulations is available www.showaksarben.com. The Rules and Regulations apply to this application and will be included in printed format with all contract offers. All applicants are required to be aware of and agree to adhere to these Rules and Regulations.

Please be prepared to allow 30-45 days for a response to your application.

Use the space on the back of this form for any comments or explanations you wish to make as part of this space application.