



Exhibitor Table Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email _____

Organization or Business Name _____

Social Media Handles (We will promote you daily up until the event)
 Optional: Send us a video of your work

Instagram: _____

Facebook: _____

Twitter: _____

Other: _____

Applicant Fee

\$50

(Non-Refundable)

\$ProjectBriggsInc

Applicant Signature

Date

Board Approval & Signature.

Date