

## **Demonstration Request Form**

**September 13 – 29, 2024** 

| Contact: First Name   | Last Name   | Email  | Email             |                  |  |
|---|---|--|-------------------|------------------|--|
|   |   |  |                   |                  |  |
| Street Address  |   | City   | State             | Zip              |  |
| Phone Number  | Cell phone  | Description of What D  | emonstrating      |                  |  |
| THORE NAME OF   | cen priorie   | Description of What B  | cmonstrating      |                  |  |
|   |   |  |                   |                  |  |
| Emergency Contact Name                                      |   | Relation   | Relation          |                  |  |
| Emergency Contact Street Address                            |   | City   | State             | Zip              |  |
| Emergency Contact Stree                                     | t Address   | City   | State             | 210              |  |
| Emergency Contact Phone                                     | Cell phone  |  |                   |                  |  |
|   |   |  |                   |                  |  |
| Date(s) & Time(s) Requ                                      | uested  |  |                   |                  |  |
|   |   |  |                   |                  |  |
| (Please be flexible and give a                              | Iternative dates/times if possible)                   |  |                   | ·····            |  |
| Number of 6 ft. Tables extension cords)                     | Requested Number                                      | er of chairs Electricity Nee   | ded? Yes or No    | (please bring    |  |
| PASSES REQUESTED: 1   | Entrance Passes I                                     | Parking Passes   |                   |                  |  |
|   | ors not demonstrating with inimum of 4 hours per day. | a group will receive one Lot 1 pa                                      | rking pass for e  | ach day          |  |
| <b>Note:</b> credentials are control credentials requested. | only for those demonstratin                           | ng. Fair management has the right                                      | t to limit the nu | mber of          |  |
| _   | England Center, please call                           | oid loss through the mail. They w<br>for pickup dates. Please call ahe |                   |                  |  |
| Reminder: It is import arrival the day of your              | •   | e Creative Arts office near Door 2                                     | of the New Eng    | land Center upoi |  |
|   | minute stage presentation                             | e New England Center stage? Yon. Please see Demonstrator Stag          |                   |                  |  |
| Please let us kno   |   | s or concerns. Creative Arts at 4<br>veArts@TheBigE.com.               | 13-205-5015 o     | r via email at   |  |
| I have read and agree                                       | to abide to the Demonstrat                            | or Guidelines  |                   |                  |  |
|   |   | Please sign  |                   |                  |  |
| Mail this form to:  | •   | ive Arts, Eastern States Exposition ingfield, MA 01089                 | n, 1305 Memor     | ial Avenue, West |  |

OR email CreativeArts@TheBigE.com