

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 De	monstrating		
Emergency Contact Name		Relation			
Emergency Contact Street Address		City	State	Zip	
		0.0,			
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 of chair	s Electricity Need	ed? Yes or No	(please bring	
PASSES REQUESTED: 1	Entrance Passes Parking Pa	asses			
Individual demonstrato	ors not demonstrating with a group v	will receive one Lot 1 par	king pass for e	ach day	
demonstrating for a m	inimum of 4 hours per day.				
Note: credentials are control credentials requested.	only for those demonstrating. Fair ma	anagement has the right	to limit the nu	mber of	
•	s are to be picked up to avoid loss th	•			
	England Center, please call for picku	o dates. Please call ahea	d to avoid wai	ting as this office	
is staffed on a part-tim			5.1 N =		
Reminder : It is import arrival the day of your	ant that you check in at the Creative demonstration.	Arts office near Door 2 (of the New Eng	gland Center upo	
-	promoting your craft on the New En minute stage presentation. Please geYesNo	_	-	<u>-</u>	
Please let us kno	w if you have any questions or conc CreativeArts@		.3-205-5015 o	r via email at	
I have read and agree	to abide to the Demonstrator Guidel				
	N 5 1 10 1 6 11 11 11	Please sign	4205.4		
Mail this form to:	New England Center Creative Arts F	-astern States Exposition	1305 Memor	iai Avenije West	

Iail this form to: New England Center Creative Arts, Eastern States Exposition, 1305 Memorial Avenue, West Springfield, MA 01089

OR email CreativeArts@TheBigE.com