



# SHOWCASER REGISTRATION



Event: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Business Showcased \_\_\_\_\_

Contact name & phone \_\_\_\_\_

Contact e-mail address \_\_\_\_\_

**SPACE IS LIMITED PLEASE RESERVE EARLY, TABLES ARE FILLED FIRST COME, FIRST SERVED**

WHAT ARE YOUR PHYSICAL REQUIREMENTS:

8' covered and skirted table provided    Other (please describe) \_\_\_\_\_

Will you offer a Raffle Prize Yes \_\_\_ No \_\_\_

Prize Description \_\_\_\_\_

Will you need Electrical Yes \_\_\_ No \_\_\_

**SHOWCASER AGREES:**

- Verbal presentation is limited to two minutes
- Hand-out materials to be placed on chairs – not on tables
- Set up may start as early as 10:45 am, with showcases ready to go at 11:30 am. Tear down not before 1pm.
- Drawing Entries to be collected between 11:30 am and 12:30 pm – not at time of raffle drawing.
- Payment of \$35.00 will be made to the WKACC. (Additional Charge for Lunch).
- Space is limited. First come, first served.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Questions or concerns? Contact the Chamber at 616-531-5990.  
Email [sue@southkent.org](mailto:sue@southkent.org) or log on at [www.southkent.org](http://www.southkent.org)**

**PAYMENT INFORMATION**

Payment is Enclosed       Credit Card       Other \_\_\_\_\_

Visa       MasterCard      Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CCID: \_\_\_\_\_

Name and Address on Card:

\_\_\_\_\_  
\_\_\_\_\_

**Office use only:**

Registered: _____	Invoiced: _____	Paid: _____
Adv: _____	Signage: _____	Logo: _____
Other: _____	Division: _____	
ChamberPartner (50%) _____	Chamber Bucks: _____	