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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Business:** |  | | | | | | **Contact**  **Person:** | |  | |
| **Business Address:** |  | | | | | | **No. of Employees:** | | | |
| **Telephone:** | |  | | | | **Mobile:** | |  | | |
| **Website:** |  | | | | | **Email:** | |  | | |
| **Social Media Account Handles:** | | | **Facebook:** | | **Instagram:** | | | | | **Twitter:** |
| **Craft/Design/Creative Discipline:** | | | |  | | | | | | |
| **Year the company was established: Legal Structure:** | | | | | | | | | | |
| **Brief Description of Your Business:** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Statement – Why Showcase? Please indicate why attending Showcase 2020 will benefit your business:** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Additional Information that might be of interest to media, eg awards, exports?** | | | | | | | | | | |
| I, the undersigned, understand should I be accepted to the Local Enterprise Showcase Area 2020 that I agree that I am responsible for effecting insurance cover for my stand area and contents, any expenses incurred due to abandonment or postponement of the exhibition and any claims due to damage to exhibits or own materials. I further agree and confirm that my public liability cover extends to cover any claims arising from my company’s participation in the show.  **Signature:** | | | | | | | | | | |

**IMPORTANT: Please include product photos or service marketing materials with your application–Closing date 24th May 2019**

**For Office Use:**

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| --- | --- | --- | --- | --- |
| LEO Contact Details: | Name: |  | Email: |  |