



TULARE SCI-FI CON

March 7-8, 2015

International Agri-Center, Tulare

PROGRAM REQUEST FORM

The Tulare Sci-Fi Con is seeking guest appearances by personalities that are a part of past and present pop-culture, sci-fi, horror, anime and fantasy genre, as well as music/television/motion picture industry professionals who wish to discuss/demonstrate and/or share their knowledge of their craft. If interested, please complete this form and

◀ **IF YOU HAVE QUESTIONS, PLEASE CALL 559-303-0156** ▶

SECTION 1: CONTACT INFORMATION

Contact Last Name:	Contact First Name:	Contact Title/Position:	
Occupation/Trade/Industry:			
Company/Organization Name:		Website Address:	
Mailing Address:	City:	State:	Zip
Phone Number: ()	Cell Phone Number: ()	E-Mail Address:	

ALL PROGRAM REQUESTS MUST BE SUBMITTED BY FEBRUARY 2, 2015
 EMail to: tularescificon@aol.com or Mail to: Tulare Sci-Fi Con, 263 Johnson Ct, Tulare CA 93274

SECTION 2: PROGRAM INFORMATION

Are you an Exhibitor?: <input type="checkbox"/> Yes or <input type="checkbox"/> No	What type of program are you interested in?: <input type="checkbox"/> Panel <input type="checkbox"/> Demonstration <input type="checkbox"/> Other:		
Which day(s) are you available? <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/> Both	How much time do you need?: <input type="checkbox"/> 30min <input type="checkbox"/> 1hr <input type="checkbox"/> Other:	How many sessions are you available?: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Other:	
How many individuals will be in your group?: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> Other:			

NOTE: You must complete a Badge Request (with all participants listed) and submit along with this form. If a name is not listed on the badge request, **NO** badge will be issued. All minors (Under 18 years of age) are required to complete a Volunteer Application (returned with this form), which requires a parent or legal guardian's signature to participate at the Tulare Sci-Fi Con.

List the names of all members of your group:

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Provide a description of your program/panel?:

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THIS PROGRAM REQUEST IS A BINDING CONTRACT ONCE SIGNED BY YOU THE REQUESTER AND AN AUTHORIZED REPRESENTATIVE OF TULARE SCI-FI CON (TSFC). BY SIGNING BELOW, I AGREE TO FULFILL THE OBLIGATION TO WHICH I REFERENCED ABOVE IN SECTION 2 AT THE TULARE SCI-FI CON MARCH 7/8, 2015.

_____ Print Name _____ Signature _____ Title	_____ Print Name _____ TSFC Authorized Signature _____ Title
_____ Date	_____ Date