TULARE SCI-FI CON
March 11-12, 2017
International Agri-Center, Tulare
PROGRAM / GUEST 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 / GUEST REQUESTS MUST BE SUBMITTED BY FEBRUARY 15, 2017
EMail to: tularescificon@aol.com   or Mail to: Tulare Sci-Fi Con, 263 Johnson Ct, Tulare CA 93274

SECTION 2: GUEST INFORMATION

Do you need Guest Table (Sales): ❑ Yes or ❑ No	Guest Appearance Type(s): ❑ Sales ❑ Panel ❑ Signing Timeframe ONLY	Signing Timeframe ONLY: ❑ 1hr ❑ 2hr ❑ Other:

SECTION 3: PROGRAM INFORMATION

Are you an Exhibitor?: ❑ Yes or ❑ No	What type of program are you interested in?: ❑ Panel ❑ Demonstration ❑ Other:	
Which day(s) are you available? ❑ Saturday ❑ Sunday ❑ Both	How much time do you need?: ❑ 30min ❑ 1hr ❑ Other:	How many sessions are you available?: ❑ 1 ❑ 2 ❑ Other:

How many individuals will be in your group?:

❑ 1   ❑ 2   ❑ 3   ❑ 4   ❑ 5   ❑ 6   ❑ 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:

Provide a description of your program/panel?:

THIS PROGRAM / GUEST 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 11-12, 2017.

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