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EXHIBITOR PARTICIPATION FORM

**THE AGRICULTURAL SOCIETY OF KENYA**

***“Your Leading Exhibition Partner"***

**TO ALL EXHIBITORS**

**PARTICIPATION IN THE CENTRAL KENYA NATIONAL SHOW (NYERI)**

**PLEASE COMPLETE THE FORM IN DUPLICATE AND RETURN THE ORIGINAL TO THE BRANCH MANAGER, CENTRAL KENYA BRANCH**

**P.O BOX 276-10100 NYERI, Email:** **nyeri@ask.co.ke**

THIS FORM SHOULD BE RETURNED BY 31ST JULY, 2020

* **We wish to exhibit** during the 2020 Central Kenya National Show (Nyeri)
* **We do not wish to exhibit** during the 2020 Central Kenya National Show (Nyeri)

**PART A: EXHIBITOR DETAILS**

Exhibitors Name……………………………..………………………..………………………..………….………………

Stand /Plot. No (If known)……………………………….…………….................................................

Open Space location…………………………………….….……………………………………..…………...……….

Country of Origin……………………………………….…………………………………………..…………..….…….

Contact person 1…………………………….………………….Designation………………….………….…………

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Physical Address………………………………………………………………….………………..……..…..…………

Postal Address……………………………………………………Code……………………City……….……….…….

Telephone (Mobile No) …………………………………………………………………………………..……………..

Fixed Line (Telephone)……………………………………………………………………………..……….………….

Email Address….…………………………………………………………………………………………….…………….

Website Address……………………………………………………………………………………….…..……………..

Facebook Page: …………………………………………… Twitter Handle: ……………………………………..

Date …………………………………… Signature………………..……………………………………………………..

**PART B: OTHER DETAILS**

EXHIBITOR PARTICIPATION FORM

1. Are you exhibiting for the first time in the Central Kenya National Show (Nyeri)?
* Yes € No
1. How did you know about the Show? …………………………………………………………………………………………………….
2. In which category are your products or services? (Trade, Manufacturing, Agricultural, Services etc. Please specify)

……………….……………………………………………………………………………………

1. List some of the products/services that you will be exhibiting.

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…………………………………………………………………………………..………………….

1. List the new technologies that you will be showcasing
2. …………………………………………………………………………………………..
3. ……………………………………………………………………………………………
4. …………………………………………………………………………………………..
5. Do you need to bring in fresh supplies every morning? If yes, which supplies?

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**PART C: FOR OFFICIAL USE ONLY**

Your application to retain/ request for Block / Stand/ Plot No ……………..……….

of size……………….. (sq. ft. / sq.m)

Is €approved€not approved

Amount for stand/plot……………………………………………………….…………………………………..

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Confirmation by Branch Accountant………………………Signature….…………Date….................

Remarks…………………………………………………..……………………………………………………………….

Approved by Branch Manager…………………………………Signature…………Date…………………..