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 **THE AGRICULTURAL SOCIETY OF KENYA**

 **TO ALL 2025 EXHIBITORS**

 **PARTICIPATION IN THE NORTH RIFT NATIONAL SHOW**

**PLEASE COMPLETE THE FORM IN DUPLICATE AND RETURN THE ORIGINAL TO:**

THE BRANCH MANAGER,

ASK NORTH RIFT NATIONAL SHOW-KITALE

P.O BOX 732-30200

KITALE

Email: kitale@ask.co.ke

**THIS FORM SHOULD BE RETURNED BY 12TH SEPTEMBER, 2025**

* We wish to exhibit during the 2025 Kitale National Show.
* We do not wish to exhibit during the 2025 Kitale National Show.

**PART A: EXHIBITOR DETAILS**

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

Stand ……………………………….…………….................................................

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**

1. Are you exhibiting for the first time in the ……………………………………….?
* Yes € No
1. How did you know about the Kitale National 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.

……………………………………………………………………………………………………

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

……………………………………………………………………………………………………

1. List the new technologies that you will be show casing
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/ open space……………..……….

of size……………………. (sq. ft. / sq.m)

 € Is approved

 € Not approved

Amount for stand/open space……………………………………………………….……………………………………………..

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

Date………………………………