****

**THE AGRICULTURAL SOCIETY OF KENYA**

**TO ALL 2025 EXHIBITORS**

**PARTICIPATION IN THE KISII BRANCH SHOW**

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

THE BRANCH MANAGER,

ASK KISII BRANCH

P.O BOX 1327-40200

KISII

Email: kisii@ask.co.ke

**THIS FORM SHOULD BE RETURNED BY 30TH JUNE 2025**

* We wish to exhibit during the 2025 Kisii Branch show.
* We do not wish to exhibit during the 2025 Kisii Branch 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 KISII Branch 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 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………………………………….