

YETI CON ARTIST APPLICATION FORM 2024

This application is not binding and does not guarantee exhibit space until confirmation of acceptance has been received via email and payment has been made in full.

E-mail to: exhibitors@yetiicon.org

Applications close on May 31st, 2024.

EXHIBITOR INFORMATION:

Legal First and Last Name: _____

Artist or Professional Name: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Country: _____ Phone: _____

E-mail Address: _____

If applying for a Shared Table, please fill out the Second Exhibitor form on the next page as well.

Website (for weblisting*): _____

* We will provide a link to your online store/promotional website on our "Exhibitors" page. If applicable, please include a logo or sample image with square dimensions as an attachment along with this application.

BRIEF DESCRIPTION OF PRODUCTS/SERVICES*:

* Please review our Artist's FAQ to see what can and cannot be sold by exhibitors at YetiCon.

Adult content

If applicable, please supply photo identification verifying that you are over eighteen (18) years old.

Selling collaborative works

If applicable, please include the collaborative works waiver as an attachment with this application.

PLEASE SELECT WHICH PACKAGE YOU ARE APPLYING FOR:

Half Table (\$55 CAD + tax. Includes 1 pass.)

Full Table (\$80 CAD + tax. Includes 1 pass.)

Shared Table (\$110 CAD + tax. Includes 2 passes, not intended for solo artists.)

ADDITIONAL:

Additional Passes: _____ (\$30 CAD + tax.)

Additional Table + Space (\$50 CAD + tax. Maximum one per artist application.)

Payment Terms: Payment is due within thirty (30) days of YetiCon's acceptance e-mail. Payment may be made by cheque or e-transfer. The address for e-transfer is exhibitors@yetiicon.org.

Cancellation: Full (100%) refund if cancelled by March 19th, 2024. After March 19th, half (50%) refunds are available until May 31st, 2024. No refund will be issued if cancelled after May 31st, 2024.

By checking this box and signing this application, you agree that you have read and accept YetiCon's Artist's Responsibilities and Code of Conduct, as well as YetiCon's other policies.

Exhibitor's Signature: _____ Date: _____

SHARED TABLE - SECOND EXHIBITOR*:

* Leave blank if not applicable.

Legal First and Last Name: _____

Artist or Professional Name: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Country: _____ Phone: _____

E-mail Address: _____

Website (for weblisting*): _____

* We will provide a link to your online store/promotional website on our "Exhibitors" page. If applicable, please include a logo or sample image with square dimensions as an attachment along with this application.

BRIEF DESCRIPTION OF PRODUCTS/SERVICES*:

* Please review our Artist's FAQ to see what can and cannot be sold by exhibitors at YetiCon.

Adult content

If applicable, please supply photo identification verifying that you are over eighteen (18) years old.

Selling collaborative works

If applicable, please include the collaborative works waiver as an attachment with this application.

By checking this box and signing this application, you agree that you have read and accept YetiCon's Artist's Responsibilities and Code of Conduct, as well as YetiCon's other policies.

Second Exhibitor's Signature: _____ Date: _____

