Local Enterprise Office Louth at Showcase Ireland 2017

APPLICATION FORM

Please complete this APPLICATION FORM and return it and the SUPPORTING MATERIALS as soon as possible, or by Friday 9 September 2016 at the latest, to:

Local Enterprise Office Louth, Town Hall, Crowe Street, Dundalk, Co. Louth

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| SECTION 1: Your Details | |
| Contact Name: | |
| Name of Business: | |
| Address (Street): | |
| Address (Town/Village): | |
| Address (County): | |
| Address (Postcode): | |
| Telephone: | Email: |
| Mobile: | Website: |
| Craft/Design/Creative Discipline: | |
| Brief Description Of Your Work: | |

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| --- | --- | --- |
| SECTION 2: Supporting Materials (please tick) | YES | NO |
| Enclosed: Copy of your Insurance Policy |  |  |
| Enclosed: Up to 6 good quality images (preferably on CD) |  |  |
| Enclosed: CV |  |  |
| Enclosed: Brochure |  |  |

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| **STATEMENT - WHY SHOWCASE?** Please indicate why attending Showcase 2017 will benefit your business (please continue on a separate sheet, if necessary) |
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I wish to apply for participation in the above event and agree to pay the appropriate costs by the stated deadline. I, the undersigned, hereby indemnify Local Enterprise Office Louth and its employees against any injury to, or the death of any person or any loss or damage to any property or any claim, demand proceedings, charge, costs or liability arising in connection with my participation in the Local Enterprise Office Louth Stand at Showcase 2017. I confirm that all work will be made by me and that I have the necessary insurance to take part in this event. I agree to attend the Showcase Training Workshop and understand that this is a requirement of participation. I have enclosed a copy of my Insurance Policy.

**SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**