



Department of Economic and
Community Development

ALL applicants MUST complete, sign and submit the Compliance Form along with the Exhibitor Application.

I believe the information contained in this application to be an accurate and true description of our proposed display/exhibit area. I understand that the decision of the State of Connecticut Department of Economic and Community Development Selection Committee will be based upon the content of this application. I understand any proposed changes to this application after submission are subject to review before being approved.

I, _____ (applicant name) have read, understand and agree to the above statement.

Authorized Signature

Date

(Print Applicant Name)

Title

Business/Organization/Association Name