

STUMPTOWN COMICS FEST

2005

SATURDAY, OCT. 1
9 A M - 6 P M
PORTLAND, ORE.

EVENT REGISTRATION • DEADLINE: 8-31-2005

1. CONTACT INFORMATION

This information will be used as the main contact for all SCF2005 business. This info will not be shared with anyone outside of the festival organization.

Individual Business

Name

Mailing Address

City

State

Zip/Postal Code

Country

Email Address

Phone Number

I am exhibiting at this year's Comics Fest

Yes, my name can be used in promotional materials.

2. EVENT DETAILS

Please include as much information about your event as possible.

Event Title: _____

Event Description:

Preferred Time Period:

Morning Afternoon No Preference

Event Duration:

1 Hour 1.5 Hours 2 Hours

Expected Participants: Participants are expected to arrange for their own admission to the Festival.

3. ADDITIONAL NEEDS

Please specify any material requirements your event has, eg. Chairs, tables, sound system, etc.

