

EVENT SUPPORTER APPLICATION

Pre-Planning Questionaire

	RE	TUR	N TO: seattl	etraindayevent@u	sa.com		
Business Name	0-11-X-12-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		K			- Date Received	
Washington State UBI (Unified Business Identifier-REQUIRED)						(office use only)	
City of Seattle Bus. Licer	nse number (🕻	Seat	ttle Busi	ness Only)		_ 3	
Booth Name (Event Pr	rogram)				······································	_ [] ,	
Contact Person							
Business address				Mailing address	Mailing address		
City	State	_Zip		City	State	Zip	
Phone: Day ()			Evening ()	Cell ()_		
Fax ()			Email (requi	red)			
Business Name (on insu	ırance policy) _				***************************************		
Insurance Company & Policy Number				Renewal Date			
Insurance phone and Co	ontact person _						
I or MY Business Plan t	to Support Sea	ttle T	rain Day 201	1 By Providing the	e Following:		
A).			•		8		
10							
B). Product for use:							
C). Services for Event:							
C). Services for Event.							
D). Advertising:							
Amount \$							
E). Publishing Print Ma	torial:						
E). I ublishing I tillt wa	ici iai.						
F: Providing Transporta	tion/Shinning						
r. Froviding Transporta	ttion/Simpping	•					
G). OTHER:							
I and My Business will							
For such Contribtion St and posted on Seattle T							
and posted on Seattle To to use suvh products and	d services as n	eed in	its official c	apacity to make su	ich event possible.		
				Email:			
			100000	-			
Signature DEADLINE OF A	LL ENTERIE	S: Au	gust 1, 2010	Date			