



MEDIA PARTNER APPLICATION

RETURN TO: seattletraindavevent@usa.com

Business Name _____

Washington State UBI (Unified Business Identifier-REQUIRED) _____ - _____ - _____

City of Seattle Bus. License number (**Seattle Business Only**) _____

Booth Name (**Event Program**) _____

Contact Person _____

Business address _____ Mailing address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Phone: Day (_____) _____ Evening (_____) _____ Cell (_____) _____

Fax (_____) _____ Email (required) _____

Business Name (on insurance policy) _____

Insurance Company & Policy Number _____ Renewal Date _____

Insurance phone and Contact person _____

Date Received (office use only)

EVENT PLANNING HISTORY

Event:	Job Title:
Address:	Duties:
City: _____ State: _____ Zip: _____	
Phone:	Salary
Date From:	Date To:
Event:	Job Title:
Address:	Duties:
City: _____ State: _____ Zip: _____	
Phone:	Salary
Date From:	Date To:

REFERENCES

Name	Occupation
Address:	Relationship
Phone Number:	Years Known:
Name	Occupation
Address:	Relationship
Phone Number:	Years Known:

Description of your expertise that you will bring to this event:

Email: _____

Signature _____

Date _____