

The **TATTOO ARTIST SHOWCASE**

June 17th – 20th, 2009 DAVENPORT, IOWA

APPLICATION TO REQUEST ARTIST SPACE

PRINT CLEARLY

YOUR INFORMATION

PRINT CLEARLY

STUDIO NAME		FULL CONTACT NAME		
STREET				
CITY			STATE	ZIP CODE
SHOP or COMPANY PHONE / FAX NUMBERS /		CELL PHONE #	SECOND CONTACT #	
EMAIL		WEBSITE		
REFERENCE #1	NAME AND CONTACT PH #	REFERENCE #2	NAME AND CONTACT PH #	

ARTISTS INFORMATION Type = Tattoo or Piercing

ATTENDING ARTIST- FULL NAME / TYPE / YEARS	ATTENDING ARTIST- FULL NAME / TYPE / YEARS
ATTENDING ARTIST - FULL NAME / TYPE / YEARS	ATTENDING ARTIST - FULL NAME / TYPE / YEARS

MISCELLANEOUS

How many shows do you attend a year?	How did you hear about us?
How many shows has your studio attended?	_____
List your favorite 3 conventions: _____	

YOU MUST PROVIDE PROOF OF A \$100,000 INSURANCE POLICY

Please call for details on this requirement

ALL INFORMATION BOXES MUST BE COMPLETED Blank spaces will delay your application

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RULES AND REGULATIONS

YOU MUST HAVE A IOWA STATE LICENSE BEFORE MAY 15th

- 1 NO ONE UNDER 18 WILL BE TATTOOED OR UNDER 16 FOR PIERCING
Every tattoo or piercing must have a TAS release form filled out in full
ID REQUIRED STATE AND LICENSE NUMBER MUST BE ON EACH RELEASE
- 2 YOU MUST GIVE EVERY CLIENT AN AFTER CARE INFORMATION SHEET
- 3 ALL TATTOOS MUST BE COMPLETELY COVERED AFTER WORK IS COMPLETED
- 4 YOU HAVE TO PROVIDE YOUR OWN SURGE PROTECTOR AND EXTENSION CORDS
- 5 YOU MUST HAVE YOUR BOOTH READY 30 MINS PRIOR TO DOORS OPENING
- 6 BOOTHS MUST BE KEPT CLEANED AT ALL TIMES. TRASH GATHERED AND PLACED OUTSIDE YOUR BOOTH EACH NIGHT
- 7 NO SMOKING INSIDE THE BUILDING AT ANY TIME
- 8 YOU MUST HAVE YOUR "TAS" BADGE ON AT ALL TIMES! YOU WILL NOT BE ALLOWED BACK IN TO THE SHOW WITHOUT IT! LENDING YOURS IS FORBIDDEN AND WILL BE GROUNDS FOR EJECTION REPLACING LOST BADGE IS \$20.00
- 9 YOU MUST PROVIDE YOUR OWN HAND SANITIZER AND ALWAYS USE GLOVES
- 10 NO WASHING OF ANY EQUIPMENT IN VENUE BATHROOMS
- 11 YOU MUST ACT IN A PROFESSIONAL MANNER AT ALL TIMES AND RESPECT YOUR NEIGHBORS
- 12 **ADHERE TO IOWA STATE TATTOO ADMINISTRATIVE CODE 641-CHAPTER 22**

FAILURE TO FOLLOW THESE RULES CAN RESULT IN YOU BEING REMOVED FROM THE SHOW AND NOT ALLOWED BACK IN AND BREAK DOWN OF YOUR BOOTH WILL BE DONE BY THE MANAGEMENT AT A COST OF \$100.00 WITHOUT RECOURSE FOR ANY DAMAGES TO YOUR PROPERTY. ALL CARE WILL BE TAKEN TO PROTECT YOUR PROPERTY

I HAVE READ AND AGREE TO THE ABOVE all attending must Initial below

Initials _____ Initials _____ Initials _____ Initials _____ Initials _____ Initials _____

WHAT ELSE WE WILL PROVIDE

WORKING THERMOFAX, COPIER, ULTRASONIC, AUTOCLAVE AND FAX MACHINE.
WE ALSO WILL HAVE DISPOSABLE EQUIPMENT AVAILABLE FOR SALE.
FREE WIRELESS INTERNET. **FREE COFFEE AND DONUTS DURING SETUP** (While they last)

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ARTIST PAYMENT FORM

SALES SLIP AND CREDIT CHARGE AUTHORIZATION

DESCRIPTION	COST	QTY	SUBTOTAL
10 X10 BOOTH INCLUDES: POWER (20amps), PIPE & DRAPE 1 TABLE, 2 CHAIRS, 1 SHARPS CONTAINER, TRASH CAN 3 PASSES	\$ 400.00		
10 X12 BOOTH INCLUDES: POWER (20amps), PIPE & DRAPE 1 TABLE, 2 CHAIRS, 1 SHARPS CONTAINER, TRASH CAN 3 PASSES	\$ 400.00		
EXTRA PASSES MAX # IS THREE (3) PER BOOTH	\$10.00 each		
CLEANING & DAMAGE DEPOSIT PLEASE PROVIDE A SEPARATE CHECK SO IT CAN BE RETURNED AT CHECK OUT	\$100.00		\$100.00
Space will not be guaranteed until full payment has been received A \$10.00 FEE & 50% HOLDS YOUR SPACE FOR 30 DAYS. AFTER 30 DAYS ANY INCREASE IN COST WILL BE ADDED TO THE BALANCE AND YOU WILL BE GIVEN WHAT SPACE IS STILL OPEN. IF TOTAL AMOUNT DUE IS NOT PAID BEFORE 5-15-09 YOU LOSE YOUR SPACE WITH NO REFUND	TOTAL AMOUNT DUE Make checks payable to I/O Productions		

BOOTH SPACE(S) PICK 3 PER SPACE REQUESTED	AMOUNT PAID NOW	BALANCE DUE BY ____/____/09
1) ____/____/____ 2) ____/____/____.	\$ _____.00	\$ _____.00

ACCOUNT # _____ **EXP DATE** ____/____/____

AMOUNT TO BE CHARGED \$ _____

PRINTED NAME OF CARD HOLDERS NAME _____

Indoor/Outdoor Productions 402 W 4TH AVENUE COAL VALLEY, IL 61240

Cardholder acknowledges receipt of goods and/or services in the amount of the Total shown hereon and agrees to perform the obligations set forth in the Cardholder's agreement with the Issuer. The issuer of the card identified on this item is authorized to pay the amount shown as **Total** upon proper presentation. I promise to pay such **Total** (together with any other charges due thereon) subject to and in accordance with the agreement governing the use of such card. I accept that this is a no refund and no return and no cancellation charge. Cardholder acknowledges receipt of goods and/or services in the amount of the total shown hereon and agrees to perform the obligations set forth in the Cardholder's agreement with the Issuer.

DATE	AUTHORIZATION NUMBER	REFERENCE NUMBER
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Date: _____ **Title:** _____ **Authorized Signature:** X

I hereby enter into contract with Management for exhibit space(s) as indicated. I understand and agree to the terms and conditions of this contract, which is legal and binding in the courts of law in IOWA. I agree Management will not make any refund for cancellation or failure to show at the show. I understand that this contract can not be canceled. My company and/or I agree to pay the full amount and assume the full responsibility of this contract.

INITIAL _____ Page 4

Show management use only					
Date received _____	Payment Type _____	Space(s) assigned _____	Checked in _____		
App complete _____	Missing _____	Iowa license _____	Insurance _____	Acknowledgement sent _____	