DOVER COMIC CON2016

PANEL/PROGRAM APPLICATION

35 Loockerman Plaza
Dover, DE 19901
(302) 736-7030

PANELIST INFORMATION

Panelist Names: _____
Names to appear in press materials

Primary Contact Person: _____

Address: _____
Street *City* *State* *Zip*

Phone: _____ Email: _____

◯ Comics ◯ Anime ◯ Writing/Publishing ◯ Cosplay/Costuming ◯ Art/Drawing ◯ TV/Movies ◯ Gaming ◯ Other _____

◯ Are you an Exhibitor? ◯ Total number of panelists: _____

PANEL/PROGRAM TITLE

_____

LENGTH

45 minutes ◯
60 minutes ◯
90 minutes ◯

PANEL/PROGRAM SUMMARY

May be used for publicity & print materials. Email photos or logos to Kerri Hollyday (kerri.hollyday@lib.de.us)

EQUIPMENT NEEDS

Please let us know if you will need to use any equipment, such as a microphone, projector, etc.

DISCLAIMER & SIGNATURE

- Event will be held rain or shine on Saturday, August 6, 2016 from 10am - 5pm.
- Set-up 7am/Breakdown 5pm.
- Dover Public Library is not responsible for items lost, stolen, damaged or destroyed during festival.
- This application does not guarantee placement at the Dover Comic Con.

Signature: _____ **Date:** _____

Library Staff use only.

☐ Received ___/___/___ ☐ Accepted ___/___/___ ☐ Declined ___/___/___ ☐ Reviewed ___/___/___ ☐ Contacted ___/___/___ ☐ Confirmed ___/___/___ ☐ Panel Location _____ ☐ Panel Time _____

Foundation use only.

☐ NTP _____ ☐ PIH _____ ☐ PR _____