



# Minnesota Comic Book Association 2024 SpringCon Creator Application

Saturday, May 18th, 2024

M Health Fairview Sports Center, 4125 Radio Dr, Woodbury, MN 55129

## **CREATOR INFORMATION (PLEASE PRINT CLEARLY AND FILL OUT COMPLETELY)**

Name: \_\_\_\_\_

Mailing Address : \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone : (\_\_\_\_) \_\_\_\_\_ E-Mail Address : \_\_\_\_\_

With your application please include:

- A short 1-3 paragraph bio
- Photo of yourself (min. 1000 pixel-wide at smallest dimension)
- 2-3 samples of recent work (min. 1000 pixel-wide at smallest dimension)
- Link to your homepage or other main website/social media page

Artists, Writers, and/or Crafters who created the work must be present at the event to sell their work.  
No banners or displays over 10 feet tall.

## **SPACE REQUEST**

Each space is 10' x 10' and includes 1 8' x 30" table, 1 chair, 1 Creator Badge, and a Table Sign

☐ Creator space \$75

☐ Additional Table (8' x 30") \$30

Total Cost = \$ \_\_\_\_\_

Special Requests: \_\_\_\_\_

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We do our best to accommodate all requests if possible. If there are issues with your request we will contact you.

Applications will be reviewed in a timely manner as they are received. Invited creators will be sent an invoice and have 1 week to respond and complete the application process. Please understand that space requested is not held/reserved until payment has been received. Unfilled spots or developing vacancies will be filled on a case-by-case basis.

## **LEGAL AGREEMENT**

### **PLEASE READ COMPLETELY**

Creators shall at all times protect, indemnify, save, and keep harmless the Minnesota Comic Book Association, its members, volunteers, the M Health Fairview Sports Complex in its entirety, against any and all form of loss, cost damage, liability or expense. Including that which arises out of, or from, or by any reason of or act or omission by retailer/dealer, his employees or agents, SpringCon attendees/participants, MNCBA staff, volunteers, owners, or the staff of the M Health Fairview Sports Complex . All spaces/tables sales are final. The signing of this form and participation in SpringCon, indicates your full and complete Understanding and 100% acceptance of the stated terms.

By signing this agreement you agree to abide by the policies and rules of conduct of the MNCBA, which can be found on the following website: <https://www.mncba.org/policies.html>

Your Full Name (Please Print) : \_\_\_\_\_

Your Signature (Required) : \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Send your completed and signed form to: Minnesota Comic Book Association  
PO Box 11777  
Saint Paul, MN 55111

Or email completed and signed form to: [creators@mncba.org](mailto:creators@mncba.org)