



LICAF 2025 - 26 TO 28 SEPTEMBER 2024, BOWNESS, CUMBRIA

PLEASE INDICATE WHAT YOU WOULD LIKE TO APPLY FOR:

- Exhibit in Marketplace only (27 to 28 September)
- Exhibit in Marketplace and participate in Rights Market
- Participate in Rights Market only (26 to 27 September)

ABOUT YOU / YOUR BUSINESS

Your name:

The Name would you like on your table signage (if exhibiting):

Website:

Email:

Contact Tel. No:

SOCIAL MEDIA

Your Twitter:

Facebook:

Other:

Please provide details of any new publications you would particularly like to feature/present at the festival and/or the rights market (please note only completed works will be considered at the rights market, it is not the opportunity for a portfolio review):

Please attach at least 3 hi-res images of your work with your application.

Please return the completed form to maheen@comicartfestival.com by 5pm on Friday 28 February 2025.



PRACTICAL INFORMATION

FEES

The exhibitor fees for 2025 are **£40 PER FULL TABLE** (Table fees for 2025 have been subsidised by a generous donation from comics creator Sean Phillips)

I would like to apply for ____ full exhibitor table(s)

Do you have any special requirements? e.g. in terms of access, or power requirements (not all tables will be situated near to a plug socket).

BADGES/LANYARDS

You will be issued with 2 badges/lanyards.

If successful, your exhibitor fee will be due by Friday 30 May 2025.

Payments can be made by bank transfer or via PayPal. Please do not send payment with your application, we will only ask for payment once we have offered you a place. Once we have received your payment your place is confirmed. N.B. if we do not receive payment by this date, in the interests of fairness, we will offer your place to the next person on the list.

WHAT NEXT

Please make sure that you have read the LICAF Exhibitor terms and conditions 2025. Your completed and returned application represents your agreement to abide by these terms and conditions.

Below is our Equality & Diversity Questionnaire. Whilst it is not mandatory and does not form part of any decision-making process or profiling, we would be very grateful if you could complete the form. The purpose of it is to help us gain a better understanding of our audiences and exhibitors and to meet our objectives for promoting diversity.

We undertake to remove this form from your application prior to the selection process.

AND FINALLY, PLEASE KEEP IN TOUCH!



Equality & Diversity Questionnaire

Lakes Arts Festivals Ltd wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010 and building an accurate picture of the make-up of our exhibitors to help us encourage equality and diversity.

We need your help and cooperation to enable it to do this but filling in this form is entirely voluntary. This form does not ask you to give your name and any information that you choose to provide will be strictly confidential. Please answer all questions as instructed. If you do not answer a question, your response will be recorded as 'prefer not to say'. Information provided on this form does not in any way form part of our decision-making process.

The information you provide will stay confidential, and be stored securely and stay confidential to Lakes Arts Festivals Ltd.

What is your sex? (tick one only)

| | |
|--------------------------|-------------------|
| <input type="checkbox"/> | Male |
| <input type="checkbox"/> | Female |
| <input type="checkbox"/> | Prefer not to say |

Which of the following best describes how you think of your gender identity? (Tick one only)

| | |
|--------------------------|-------------------|
| <input type="checkbox"/> | Male |
| <input type="checkbox"/> | Female |
| <input type="checkbox"/> | In another way* |
| <input type="checkbox"/> | Prefer not to say |

*How would you describe your gender identity?

Which of the following age groups do you belong to? (Tick one only)

| | | | | | | | |
|--------------------------|----------|--------------------------|-------|--------------------------|-------|--------------------------|-------------------|
| <input type="checkbox"/> | Under 16 | <input type="checkbox"/> | 35-39 | <input type="checkbox"/> | 60-64 | <input type="checkbox"/> | 85-89 |
| <input type="checkbox"/> | 16-19 | <input type="checkbox"/> | 40-44 | <input type="checkbox"/> | 65-69 | <input type="checkbox"/> | 85 or older |
| <input type="checkbox"/> | 20-24 | <input type="checkbox"/> | 45-49 | <input type="checkbox"/> | 70-74 | <input type="checkbox"/> | Prefer not to say |
| <input type="checkbox"/> | 25-29 | <input type="checkbox"/> | 50-54 | <input type="checkbox"/> | 75-79 | | |
| <input type="checkbox"/> | 30-34 | <input type="checkbox"/> | 55-59 | <input type="checkbox"/> | 80-84 | | |



What is your ethnic group? (Tick one only)

| | | | | | |
|--------------------------|--|--------------------------|--|--------------------------|-----------------------------------|
| <input type="checkbox"/> | White: English / Welsh / Scottish / Northern Irish / British | <input type="checkbox"/> | Mixed: Other / Multiple ethnic backgrounds | <input type="checkbox"/> | Black or Black British: Caribbean |
| <input type="checkbox"/> | White: Irish | <input type="checkbox"/> | Asian or Asian British: Indian | <input type="checkbox"/> | Black or Black British: Other |
| <input type="checkbox"/> | White: Gypsy or Irish traveller | <input type="checkbox"/> | Asian or Asian British: Pakistani | <input type="checkbox"/> | Other |
| <input type="checkbox"/> | White: Other | <input type="checkbox"/> | Asian or Asian British: Bangladeshi | <input type="checkbox"/> | Prefer not to say |
| <input type="checkbox"/> | Mixed: White and Black Caribbean | <input type="checkbox"/> | Asian or Asian British: Chinese | | |
| <input type="checkbox"/> | Mixed: White and Black African | <input type="checkbox"/> | Asian or Asian British: Other | | |
| <input type="checkbox"/> | Mixed: White and Asian | <input type="checkbox"/> | Black or Black British: African | | |

Where other has been chosen, please specify below

Are your day to day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

| | |
|--------------------------|-------------------|
| <input type="checkbox"/> | Yes |
| <input type="checkbox"/> | Yes, a little |
| <input type="checkbox"/> | No |
| <input type="checkbox"/> | Prefer not to say |

What is your sexual orientation? (Tick one only)

| | |
|--------------------------|-------------------|
| <input type="checkbox"/> | Heterosexual |
| <input type="checkbox"/> | Gay |
| <input type="checkbox"/> | Lesbian |
| <input type="checkbox"/> | Other |
| <input type="checkbox"/> | Prefer not to say |

Thank you for completing this form.