



PANEL APPLICATION

Please fill out the fields below to apply to host a panel at The Great Philadelphia Comic Con!. Panel Applications will be open through March 1, 2017.

*=Required Information

PANEL INFORMATION

*Proposed Panel Title: _____

*Panel Organizer First Name: _____ *Panel Organizer Last Name: _____

*Organizer Programming Guide Name: _____

*Organizer Email Address: _____

*Organizer Phone Number & Type: _____ Home Mobile

*Organizer Mailing Address: _____

City: _____ State: _____ Zip: _____

*Organizer Date of Birth: Month: _____ Day: _____ Year: _____

Are you already registered for The Great Philadelphia Comic Con? Yes No

*Panel Description (Please provide a detailed description of what the panel would consist of.)

*Programming Guide Description (How you would like the panel described in the Programming Guide?)(max 150 characters)

*18+ Year Old Panel: Yes No (Would this panel be appropriate for mature audiences only?)

*Panel Length: _____ Total Duration of Panel (in minutes)

Audio & Video Requirements: _____

Special Room Requests: _____



**THE GREAT
PHILADELPHIA
COMIC CON!**

PANEL APPLICATION

The Greater Philadelphia Expo Center • 100 Station Avenue, Oaks, PA 19456

info@philadelphiacomiccon.com • www.philadelphiacomiccon.com

Preferred Time Slot: _____ *Please list preferred Day(s), Time(s) & AM/PM Notation*

Unavailable Time: _____ *Please list preferred Day(s), Time(s) & AM/PM Notation*

Associate Panelists:

- | | | | |
|----------------|-------|------------|-------|
| 1) First Name: | _____ | Last Name: | _____ |
| 2) First Name: | _____ | Last Name: | _____ |
| 3) First Name: | _____ | Last Name: | _____ |
| 4) First Name: | _____ | Last Name: | _____ |
| 5) First Name: | _____ | Last Name: | _____ |

Other Information you would like to provide: _____
