

Show Notes

Show Name: _____

Dates: _____

Type of Show:

Promoter and contact information:

Advertising/Publicity by promoter and self:

Booth Location/Configuration:

Booth Display/what worked and didn't work:

Day 1	Day 2	Day 3
Show Hours:		
Traffic Pattern/ Crowd Characteristics:		
What Sold/What didn't:		
Contacts Made (magazines, wholesale accounts, etc.)		

Orders Taken:		
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Follow up:		
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Income and Expenses:

Booth Fee:

Extra Booth Expenses (lighting, internet, etc.)

Travel (airfare, lodging, etc.)

Other expenses (meals, cabs, entertainment, etc)

Day 1	Day 2	Day 3

Total Expenses: _____

Income

Day 1	Day 2	Day 3

Total Show Income: _____