REGISTRATION FORM

DATE:					
NAME:					
Group Affiliation, if any	y:				
Address:					
Phone #:		Cell #:			
Email address:					
Website (if applicable)	:				
<u>REQUESTED</u> TABLES	Number Requested	Fee	Total	Paid?	
DISPLAY TABLES		\$0.00/ea.			
SALES TABLES		\$25.00/ea.			
OTHER		\$0.00/ea.			
(train layout,					
power,					
internet/Wi-Fi					
requirements,					
etc.)					
Is this booking being n	nade for yourself or on	behalf of your group?	Self □	│ Group □	
				-	
Are you interested in I	receiving posters or fly	ers for distribution?	YES □	NO □	
The show is a :	2-day event; if you into	end to display/sell FOR	ONLY ONE DAY,	, please indicate	
<mark>the day you pl</mark>	an to attend: Satu	rday 🗆 Sun	day 🗆 🔻 Both	<mark>ո days 🗆</mark>	
COMMENTS/NOTES:					
COMMENTS/1401ES					
	<u></u>				
SAM Representative signatu	ıre	Shov	Show participant signature		