



ANTHROCON[®] 2009

DEALERS' ROOM APPLICATION

July 2-5, 2009, David L. Lawrence Convention Center Hall B, Pittsburgh, PA

***NAME OF DEALERSHIP:** _____

(Name to be listed in the con book and on the web page. **One dealership per application!** Please see rules.)

Please note! A payment method is required with this application. Checks or credit cards will not be processed until and unless a table can be provided. **DO NOT** mail this application prior to September 15, 2008. The postmark on the envelope will determine the order in which it is processed.

The following are the 2009 DEALER TABLE RATES. Each includes 1 membership. Assistants may be included at a cost of \$35 each. Please check the box beside the type of table you desire. Sizes (all are 30" width): Half table = 4 ft. Full table = 8 ft. Double table = 16 ft. Triple table = 24 ft. Island = four 8 ft. tables arranged in a square, center space approx. 12'x12'.

***Please check the box corresponding to the type of table you desire:**

- HALF TABLE: \$75
 FULL TABLE: \$125
 DOUBLE TABLE: \$325
 TRIPLE TABLE \$500
 ISLAND \$650

***If the full requested space is not available, what is the *minimum* table size you can accept?**

- HALF TABLE
 FULL TABLE:
 DOUBLE TABLE:

***LOCATION DESIRED** (check *ONLY ONE BOX*. See instructions in Dealer Information Packet):

- Table preference(s): # 1)_____ 2)_____ 3)_____ 4)_____ 5)_____
- Wall Space (Row A on map. \$25 surcharge applies. Wall is an airwall, suitable for hanging with masking tape only.)
- I wish to be **adjacent to** the following dealer (list one only):_____
- I wish to be located **away from** the following dealers:_____
- I have no specific table preference. Please note:_____

***ADDITIONAL SERVICE REQUESTED:**

- ELECTRICITY, 115 V, up to 500 Watts (covers all three days) **\$35**
Not available in rows B or C!!

For other services not listed or electrical service at other tables, please contact us for pricing.

Anthrocon is negotiating with the David L. Lawrence Convention Center to provide wireless access for our dealers. At this time we can not guarantee that such service will be available. Please be assured that we are doing everything in our power to provide it for you.

Anthrocon's 2009 table rates include one attending membership per dealership, and all applicable fees and taxes.

***NAME OF DEALERSHIP:** _____

***PLEASE DESCRIBE THE ITEMS TO BE SOLD:** _____

Anthrocon may have to limit the number of dealers of certain commodities to preserve the balance of the dealers' room. We also reserve the right to refuse to allow the sale of any items which in our sole opinion is not consistent with Anthrocon's public image or mission.

CONTACT INFORMATION: Please provide contact information for the *Primary Dealer*. This is the person who will be responsible for the table. This information will be entered into our registration database so that your membership can be processed at the same time as your table assignment. After a table assignment is made, you will still have the opportunity to register additional members to assist you. Note that another person intending to share the table for the purpose of making independent sales is **not** an assistant. Each separate dealer requires a separate application. If you wish to ensure that you are situated next to a particular dealer, simply enclose both applications in the same envelope. They will be given equal priority in table assignments.

*Name of primary dealer: _____ *Birth date: _____
(mm/dd/yy)

*Address: _____ *Phone: _____

_____ *Email: _____

_____ *Badge name: _____

It is important that we be able to contact you when a table is available, so please write legibly. If you provide an email address that we can read, we can send email after September 30 confirming receipt of your application. Note that failure to provide a date of birth will result in a "minor" badge being issued.

TAX ID: It is the **sole responsibility** of the dealer to obtain a PA State sales tax license number and to provide that number to Anthrocon within 6 weeks of receipt of your table assignment. If you already have a PA sales tax that is current (see section II of the rules), please provide it here. If you do not provide a sales tax license number within the specific time frame, we may be obliged to give your table away and cancel your application. *We cannot send constant reminders to dealers to obtain their sales tax licenses.*

PA SALES TAX LICENSE NUMBER: _____

Please read the information in the Dealer Information Packet very carefully before signing.

The undersigned acknowledges that he/she has read and understood the contents of the Dealer Information Packet provided on Anthrocon's web page, and agrees to abide by the rules defined therein, including the policy on cancellation of reserved dealer tables. The undersigned further agrees that failure to furnish both payment and a valid Pennsylvania state sales tax license number within the stated time period may result in the resale of the dealer table to another party.

* _____
Print name

* _____
Signature

* _____
Date

***NAME OF DEALERSHIP:** _____

***PAYMENT INFORMATION**

This section must be completed before we can assign a table. Payment must be included, or a valid credit card number provided. We will not process your payment until such a time as we have assigned a table. This may take several weeks. Please make certain that your payment will clear!

<i>Item</i>	<i>Enter amount:</i>
Table Payment (Half=\$75, Full=\$125, Double=\$325, Triple=\$500, Island=\$650)	\$
Wall space (\$25. Will be refunded on site if table space is not available)	\$
Electrical Power (one outlet, 500 watts max, \$35 x _____ number requested)	\$
Assistant Dealer membership (\$35 x _____ number requested)	\$
Upgrade to sponsor (\$55 each) -- list names:	\$
Upgrade to supersponsor (\$140 each) -- list names:	\$
<i>(Please do not send payment for assistants who are not listed below! You can add them later.)</i>	
TOTAL PAYMENT	\$

_____ Check enclosed. _____ Money order enclosed. _____ Please bill my credit card:

(Credit card number: _____ Exp. _____)

(Billing address if different from Primary Dealer's: _____)

DEALER ASSISTANT REGISTRATION (use back of page if necessary)

Not available to those purchasing half-tables! Up to one assistant permitted per each full table reserved.

Name of assistant: _____ Birth date: _____

Address: _____ Phone: _____

_____ Email: _____

_____ Badge name: _____

Name of assistant: _____ Birth date: _____

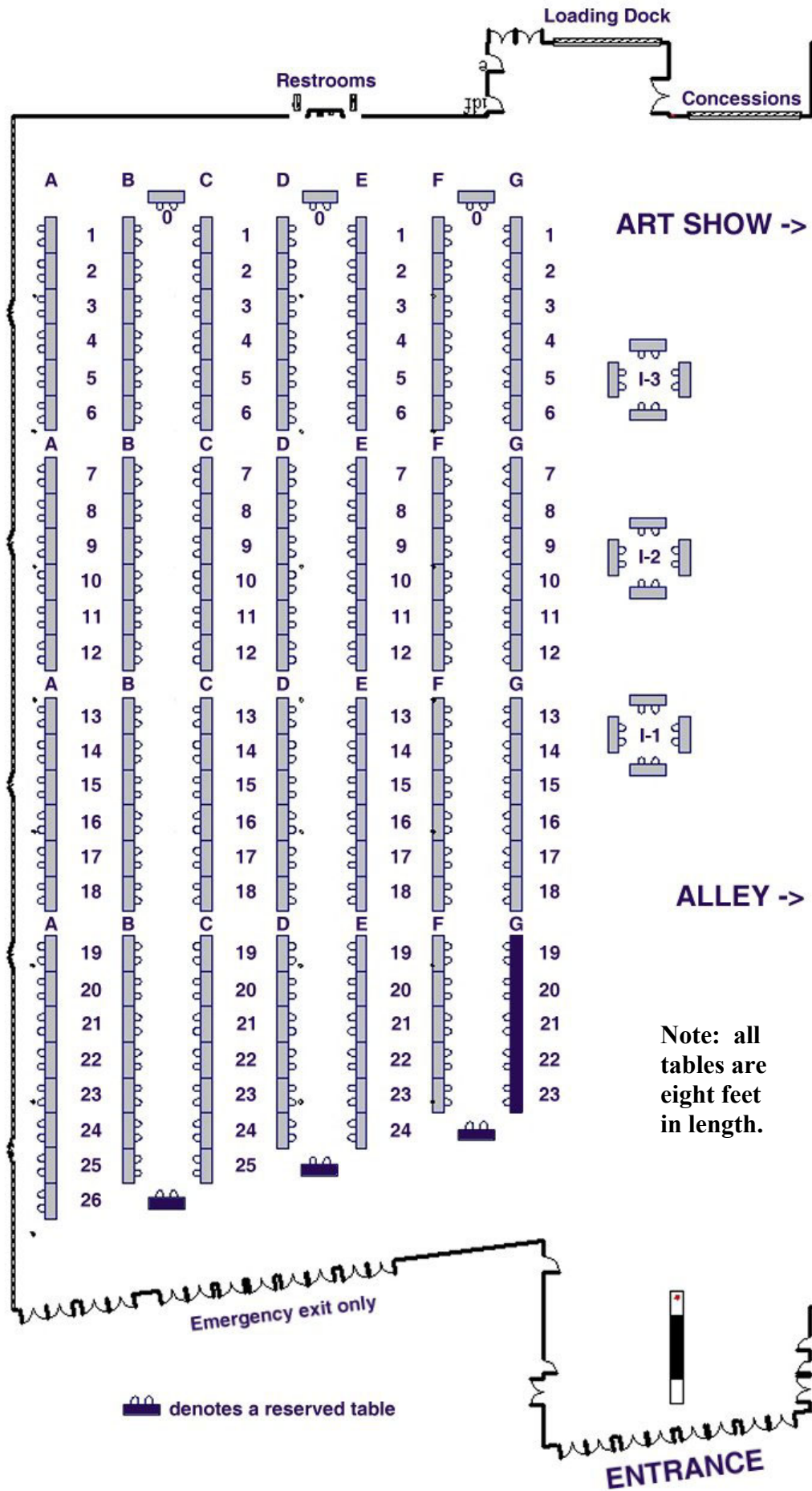
Address: _____ Phone: _____

_____ Email: _____

_____ Badge name: _____

DO NOT SEND PAYMENT FOR ASSISTANTS WITHOUT PROVIDING THEIR REGISTRATION INFORMATION HERE!

Send completed application to:
ANTHROCON DEALER ROOM
PO Box 2188, Glen Ellyn, IL 60138-2188



A	B	C	D	E	F	G
1	1	1	1	1	1	1
2	2	2	2	2	2	2
3	3	3	3	3	3	3
4	4	4	4	4	4	4
5	5	5	5	5	5	5
6	6	6	6	6	6	6
7	7	7	7	7	7	7
8	8	8	8	8	8	8
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