WAITING LIST

2012 SHOW OF SHOWS TABLE RESERVATION FORM
KENTUCKY EXPO CENTER, LOUISVILLE, KY, USA
FEBRUARY 23-26, 2012

OHIO VALLEY MILITARY SOCIETY, INC., P.O. Box 30436, Cincinnati, OH 45230-0436, USA
VOICE: 513-245-9540 • FAX: 513-245-9541 • E-MAIL: ovms@fuse.net • WEB: www.sosovms.com

PLEASE READ AND FILL OUT THIS FORM COMPLETELY

PLEASE PRINT CLEARLY

Member: ❑No ❑Yes Member #: _____

Last Name _____ First Name _____

Phone _____ Company Name _____

Address _____ City _____

State _____ Zip _____ Country (If other than USA) _____

Main Area of Merchandise _____

Received $ _____ For _____ Table(s). Location Preference* _____

Member Rate: $95 per aisle table, $110 per wall table.
Non-Member Rate: $115 per aisle table, $130 per wall table.
If table(s) become available, you will be contacted by telephone for payment.

_____ I will need electricity for my table location. Include **$100 per** location. _____ I will need a parking pass.

By accepting table space, I agree to the following: Supervise my table(s) in accordance with the rules of The Ohio Valley Military Society, Inc., and The Kentucky State Fair Board (to be mailed with table confirmation), follow all Federal, State, and Local laws, rules, and regulations pertaining to firearm transactions, and to be setup and doing business until 3 p.m. Saturday. I understand that if I violate any rules, my privilege to display will be terminated. While my display is on the premises of the Show Hall, I accept risk of any loss, damage or accident, and hereby release The Ohio Valley Military Society, Inc., The Kentucky State Fair Board, their officers, directors, and employees from all liability. The Ohio Valley Military Society, Inc. assumes no responsibly for any condition that prevents a table holder from attending the show. If you will be arriving late, call the office. Table(s) not occupied by 11:00 a.m. Friday, revert back to the Society. If necessary to cancel your table(s) and any balance due is paid before December 1, 2011, you must notify the OVMS (contact numbers listed above) by phone or e-mail no later than **February 8, 2012**, to receive a refund. Cancellations received after this date will not be refunded. Tables are not transferable. **This form must be signed and dated before tables will be assigned.**

Signature _____ Date _____

PROGRAM LISTING

All Table Holders will be listed in the program. By signing above, you grant The Ohio Valley Military Society, Inc. permission to publish your information in the SHOW OF SHOWS program. If you **DO NOT** wish to be listed in the program, please sign below.

_____

***LOCATION PREFERENCE**

We will try to accommodate all requests for location of table(s) in the show hall. Preference will be given to table holders having the same location and quantity of tables from the previous year. First time table assignment does not guarantee that location. Requests for same location but different quantity of tables (if available), will result in location change. Tables are NOT transferable. **ACTUAL TABLE LOCATION WILL BE PRINTED ON YOUR DEALER PACKET AVAILABLE FOR PICKUP AT THE SHOW.**

HELPER BADGES

One (1) free helper badge for one table; two (2) free badges for two or more tables. List the name(s) of your helper badge(s) below. Badges are nontransferable and must be used only by those who are helpers or employees. Additional helper badges can be ordered for **$60** each. List additional names on the back side of this page and enclose payment. Other arrangements must be handled by calling the OVMS office in advance. For OVMS members, spouse and/or child, do not count toward the total and are no charge. **No helper badges are issued at the show.**

Table Helper 1: _____

Table Helper 2: _____

PAYMENT METHOD:

❑ CHECK OR MONEY ORDER PAYABLE TO: **O.V.M.S.**

❑MC ❑VISA Credit Card Number | | | | | | | | | | | | | | | | EXP. DATE | | | | MONTH YEAR

Credit Card Signature _____

Office Use Only: ❑CSH ❑CHK ❑CC _____ Grand Total: $ _____

02/11W