2012 Roberts Centre Table Reservation Form

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 PRINT CLEARLY Member: ❑NO ❑YES Member #: _____

Last Name _____ First Name _____

Address _____ City _____

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

Home Phone _____ Day Phone _____

June 15-16, 2012

ROBERTS CENTRE

I-71 at Exit 50 (US Route 68), Wilmington, OH 45177, 1-800-654-7036

Please reserve ____ 8-Foot Table(s) @ $40 (Aisle table, member rate) Total: $ _____

Please reserve ____ 8-Foot Table(s) @ $50 (Wall table, member rate) Total: $ _____

Please reserve ____ 8-Foot Table(s) @ $60 (Aisle table, non-member rate) Total: $ _____

Location preference: _____

*Table Helper #1: _____ Table Helper #2 _____

*One table helper badge for one table; two table helper badges for two or more tables.

November 2-3, 2012

ROBERTS CENTRE

I-71 at Exit 50 (US Route 68), Wilmington, OH 45177, 1-800-654-7036

Please reserve ____ 8-Foot Table(s) @ $40 (Aisle table, member rate) Total: $ _____

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Please reserve ____ 8-Foot Table(s) @ $60 (Aisle table, non-member rate) Total: $ _____

Location preference: _____

*Table Helper #1: _____ Table Helper #2 _____

*One table helper badge for one table; two table helper badges for two or more tables.

By accepting table space, I agree to supervise my table(s) in accordance with the rules of the OVMS, and understand if I violate any club rule or laws applicable to firearms, my privilege to display will be terminated. While my display is on the premises of the Show Hall, I accept the risk of any loss or accident and hereby release the OVMS, its officers and directors from all liability. If necessary to cancel tables, the OVMS office must be notified by Monday, one (1) week prior to the show to receive a credit or refund. Contact the Business Office at one of the above numbers.

Are you a transient vendor for Ohio sales tax purposes? ❑No ❑Yes Ohio vendor's license #: _____

SIGNATURE _____ DATE _____

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: ❑Cash ❑Chk ❑CC # _____ Grand Total: $ _____