

JUNE 16 - 17, 2017

OVMS ROBERTS CENTRE SHOW

TABLE RESERVATION FORM

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

CSH CHK CC _____
 AMT _____
 TIME _____
 INIT _____

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
 YOU MUST BE AN OVMS MEMBER TO APPLY FOR TABLES**

PLEASE PRINT CLEARLY

Member #: _____

Last Name _____ First Name _____

Phone _____

Address _____ City _____

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

E-mail Address _____

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

Table Rates: \$50 per aisle table, \$60 per wall table.

Payment must accompany this reservation form for tables to be confirmed.

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., 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 accept risk of any loss, damage or accident, and hereby release The Ohio Valley Military Society, Inc., their officers, directors, and employees from all liability. The Ohio Valley Military Society, Inc. assumes no responsibility 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 on time you must notify the OVMS by telephone (number above) no later than **June 1, 2017**, to receive a refund. Cancellations received after this date or no-shows will not be refunded. Tables are not transferable.

This form must be signed and dated before tables will be assigned.

Signature _____ Date _____

***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, 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

ALL HELPERS OVER 18-YEARS OLD MUST BE AN OVMS MEMBER. One (1) free helper badge for one table; two (2) free badges for two or more tables. Spouse and/or child (under 18-years old) of the dealer/helpers do not count toward the total and are no charge **but still need a badge.** Additional helper badges can be ordered for **\$80** each. List name(s) and member number of your helper(s) below. Badges are nontransferable. **No helper badges are issued or sold at the show.**

1. _____ Mbr# _____
2. _____ Mbr# _____
3. _____ Mbr# _____
4. _____ Mbr# _____

PAYMENT METHOD:

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

MC VISA

CREDIT CARD NUMBER	EXP. DATE	SEC. CODE																											
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>									<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>			
	MONTH YEAR																												

Credit Card Signature _____

Office Use Only:	<input type="checkbox"/> CSH <input type="checkbox"/> CHK <input type="checkbox"/> CC _____ Grand Total: \$ _____
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