

# 2018 SHOW OF SHOWS TABLE RESERVATION FORM

CSH  CHK  CC \_\_\_\_\_

AMT \_\_\_\_\_

TIME \_\_\_\_\_

INIT \_\_\_\_\_

**WAITING LIST****KENTUCKY EXPO CENTER, LOUISVILLE, KY, USA****FEBRUARY 22-25, 2018**

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 \_\_\_\_\_ Company Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Country (If other than USA) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Main Area of Merchandise \_\_\_\_\_

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

**Table Rates: \$95 per aisle table, \$110 per wall table.**

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

\_\_\_\_\_ I will need electricity for my table location. **\$125** 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 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 (December 1, 2017), you must notify the OVMS by telephone (number above) no later than **February 9, 2018**, 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.**

**PROGRAM LISTING**

All Table Holders will be listed in the program. If you **DO NOT** wish to be included, please check the box below.

 **DO NOT INCLUDE MY INFORMATION IN THE PROGRAM.**
**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 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 

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 CREDIT CARD NUMBER      

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 EXP. DATE      

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 SEC. CODE

MONTH      YEAR

Credit Card Signature \_\_\_\_\_

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