2018 *SHOW OF SHOWS* TABLE RESERVATION FORM

WAITING LIST

KENTUCKY EXPO CENTER, LOUISVILLE, KY, USA

FEBRUARY 22-25, 2018

CSH CHK CC _____
AMT _____
TIME _____
INIT _____

OHIO VALLEY MILITARY SOCIETY, INC., P.O. Box 98, Batavia, OH 45103-0098, 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 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 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 CREDIT CARD NUMBER _____ EXP. DATE (MONTH YEAR) _____ SEC. CODE _____

Credit Card Signature _____

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

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Top (original): Submit with payment. Yellow (copy): Keep for your records.