

2019 SHOW OF SHOWS TABLE RESERVATION FORM

KENTUCKY EXPO CENTER, LOUISVILLE, KY, USA FEBRUARY 20-24, 2019

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

CSH CHK CC _____
AMT _____
TIME _____
INIT _____

**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 remain 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 14, 2018), you must notify the OVMS by telephone (number above) no later than **February 8, 2019**, 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.

PAYMENT METHOD:

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

MC VISA

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|--------------------|--|--|--|--|--|--|--|--|--|--|--|-----------|------|-----------|--|--|--|
| CREDIT CARD NUMBER | | | | | | | | | | | | EXP. DATE | | SEC. CODE | | | |
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| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | MONTH | YEAR | | | | |

Credit Card Signature _____

HELPER BADGES - LIMITED TO SIX (6) TOTAL BADGES

ALL HELPERS OVER 18-YRS OLD MUST BE OVMS MEMBERS.

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) do not count toward the total and are free but still need a badge.** Additional helper badges can be ordered for **\$80** each. List name(s) and member number of your helper(s) and family below. Badges are nontransferable. **No helper badges are issued or sold at the show.**

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

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