

# MAX 2024 TABLE RESERVATION FORM

YORK EXPO CENTER, YORK, PA, USA  
SEPTEMBER 19 - 22, 2024

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

FOR OFFICE USE ONLY

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

AMT \_\_\_\_\_

TIME \_\_\_\_\_

INIT \_\_\_\_\_

## PLEASE READ AND FILL OUT THIS FORM COMPLETELY

PLEASE PRINT CLEARLY

OVMS 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\* \_\_\_\_\_

**ELECTRIC** \_\_\_ I will need electricity for my table location. **\$175** per location.

### TABLE RATES: \$100 per aisle table, \$125 per wall table.

Table applications must be received by **MAY 15, 2024** to insure same location.

**NO FAKE OR REPRODUCTION NAZI ITEMS ARE ALLOWED TO SOLD OR DISPLAYED.**

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 York Expo Center (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 4 pm 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 York Expo Center, 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 am 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 **September 2, 2024**, 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 \_\_\_\_\_

### 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 / helper do not count toward the total and are not charged **but still need a badge**. Additional helper badges (Max. total of 4 additional badges) can be ordered for **\$80** each. List name(s) and member number of your helper(s) below. Badges are nontransferable. **Helper badges made at the show will cost \$50 each in addition to any other charges.**

### \*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 from the previous year. The number of tables requested may be reduced as the tables are longer than in the past. 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**

### 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.**

PYPAL TO: **OVMS@FUSE.NET**

1. \_\_\_\_\_ Mbr# \_\_\_\_\_  
2. \_\_\_\_\_ Mbr# \_\_\_\_\_  
3. \_\_\_\_\_ Mbr# \_\_\_\_\_  
4. \_\_\_\_\_ Mbr# \_\_\_\_\_  
5. \_\_\_\_\_ Mbr# \_\_\_\_\_  
6. \_\_\_\_\_ Mbr# \_\_\_\_\_

MC  VISA 

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 CREDIT CARD NUMBER 

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 EXP. DATE 

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 SEC. CODE 

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 MONTH YEAR

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

**Office Use Only:**  CSH  CHK  CC \_\_\_\_\_ Grand Total: \$ \_\_\_\_\_