

Please Note: This form will calculate your totals for you. Areas outlined in red are required. Don't panic! The highlighting might go away when you start typing -- that is okay.

Balticon 49 Dealer Request for Tables

Please print, if I cannot read it, you will not get tables. If you prefer to fill forms out on your computer, THIS FORM IS A FILLABLE PDF file and can be completed using Acrobat Reader .

Company Name

Your Name

Address

City

State

Zipcode

Phone(s)

E-mail

Maryland Retail Sales Tax #

(If you have one. If you do not, Balticon will get a temporary one for you.)

Number of tables requested \$165.00 X = \$ _____

(Remember — Use a separate check to pay for a third table)

Number of additional memberships at \$55.00 X _____ = \$ _____

Total Amount Enclosed (Make your check payable to Balticon 49) \$ _____

Type of merchandise to be sold. List in approximate percentages. 20% new books, 10% used books, etc.

Special Requests: (No guarantee, but we will try.)

Electric _____ Wall _____ No table in space _____

Main Room _____ Foyer _____

Other

Request _____

Return this form with your check to:

Balticon 49
Larry Sands
PO Box 70013
Rosedale, MD 21237

Balticon 49 Dealer Badges

Only list badges included with the table or badges paid for. If you are using your personal name for participant registration, please use your company/organization name for your Dealer Name and Badge Name. If you want to purchase more than 5 badges, print this page twice and clearly mark "Page 1 of 2" and "Page 2 of 2" at the top of the 1st and 2nd pages. *Return this form with your table request.*

1	Dealer Name	<input type="text"/>	Badge Name	<input type="text"/>
	Address	<input type="text"/>		
	City	<input type="text"/>	State	<input type="text"/>
2	Dealer Name	<input type="text"/>	Badge Name	<input type="text"/>
	Address	<input type="text"/>		
	City	<input type="text"/>	State	<input type="text"/>
3	Dealer Name	<input type="text"/>	Badge Name	<input type="text"/>
	Address	<input type="text"/>		
	City	<input type="text"/>	State	<input type="text"/>
4	Dealer Name	<input type="text"/>	Badge Name	<input type="text"/>
	Address	<input type="text"/>		
	City	<input type="text"/>	State	<input type="text"/>
5	Dealer Name	<input type="text"/>	Badge Name	<input type="text"/>
	Address	<input type="text"/>		
	City	<input type="text"/>	State	<input type="text"/>

Do you want to be listed: (Put an X in the appropriate box)

In the BSFan Program Book? Yes No On the B49 Web Site? Yes No

If yes to either fill out the form below:

Company or Your Name _____

Address _____

City _____ State _____ Zip _____

Phone(s) _____ E-mail _____

Website(s):
Products _____
or
Services _____

RETURN THIS FORM WITH YOUR TABLE REQUEST.