

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

## Balticon 4, 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                      \$150.00    X                      =    \$ \_\_\_\_\_

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

Number of additional memberships at \$50.00    X                      =    \$ \_\_\_\_\_

Total Amount Enclosed (Make your check payable to Balticon 47)    \$ \_\_\_\_\_

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 48  
Larry Sands  
PO Box 70013  
Rosedale, MD 21237

## Balticon 4, 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 1<sup>st</sup> and 2<sup>nd</sup> pages. **Return this form with your table request.**

<b>1</b>	Dealer Name _____ Badge Name _____ Address _____ City _____ State _____ Zip Code _____
<b>2</b>	Dealer Name _____ Badge Name _____ Address _____ City _____ State _____ Zip Code _____
<b>3</b>	Dealer Name _____ Badge Name _____ Address _____ City _____ State _____ Zip Code _____
<b>4</b>	Dealer Name _____ Badge Name _____ Address _____ City _____ State _____ Zip Code _____
<b>5</b>	Dealer Name _____ Badge Name _____ Address _____ City _____ State _____ Zip Code _____

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

In the BSFan Program Book? Yes  No  On the B48 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 \_\_\_\_\_