

ARCHON 31 – 9th NASFiC

August 2-5, 2007

Collinsville, Illinois (St. Louis, Missouri area)

Please fill in legibly **ALL** information requested on this form and send it along with your fees
(in US dollars, by cheque or credit card) to:

Archon 31 / 9th NASFiC
PO Box 8387
St. Louis, MO 63132-8387

Business Name: _____

Contact Person Name: _____

Address: _____

City/State/Postal Code: _____

Country: _____ **IL Sales Tax License:** _____

Email: _____

Website: _____

Primary Phone: _____ Alternate Phone: _____

MEMBERSHIPS ARE NOT INCLUDED, BUT ARE REQUIRED FOR DEALERS AND STAFF

Number of tables requested (**limit 3**): _____ [1st Table = \$110, 2nd Table = \$125, 3rd Table = \$150]

Will need electricity at extra cost: Yes / No (circle one) Require wall space: Yes / No

Will need phone line at extra cost: Yes / No (circle one) (*List other requirements on back*)

Adult Dealer Memberships (**limit 3**): _____ [\$70 available through Jan 15, 2007, otherwise normal rates]

Please provide names, addresses, badge names, and birthdates on back

Type(s) of Merchandise

_____ % Books	_____ % Jewelry	_____ % Weapons	_____ % Clothing
_____ % Games	_____ % Art	_____ % Media	_____ % Other

(*Describe on back*)

Credit Card deposits only: Name on Card: _____
Number on Card: _____
Expiration Date: _____ CID _____

I authorize **Archon** to charge \$_____ on my card.

Signature to match name on card: _____

ONLY FORMS STATING "ARCHON 31" WILL BE ACCEPTED