

Astronomicon 11

Rochester's Science Fiction Convention Dealer's Application

Name: _____
Name of Business: _____
Address: _____
Phone #: _____
Tax #: _____
Type of
Merchandise: _____

NOV. 6-8,
2009

I would like ___ tables in the dealers' room at \$40.00 each (includes 1 membership per table)
(Maximum of 4)

I would like ___ additional memberships at \$25 (until 7/30/09)
\$35 (until 9/31/09)
\$40 (at the door)

Memberships are for: _____
(List names, please) _____

I need: Electricity _____ Center Island _____
(circle) Wall Space _____ Corner Space _____
Other _____ (please describe)

Information about:

Advertising in the program book

In-store membership sales at my establishment

Hotel rates

Art show

Other _____ (please describe)

	Number	Cost Each	Total
Tables		\$40.00	
Memberships			
Total Cost (payable in U.S. Funds ONLY)			

Amount Enclosed: _____ .00

Date: _____

Signature: _____

	Open	Close	Breaks (list times or none)
Friday		to	
Saturday		to	
Sunday		to	

Make Checks Payable To:

Rochester Fantasy Fans

P.O. Box 31701

Rochester, NY 14603

www.rochesterfantasyfans.org

Inquiries:

Dealers@astronomicon.info