

# Astronomicon 12

## Rochester's Science Fiction Convention Dealer's Application

Name: \_\_\_\_\_  
 Name of Business: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Tax #: \_\_\_\_\_  
 Type of Merchandise: \_\_\_\_\_

Nov. 15-17,  
2003

I would like \_\_\_ tables in the dealers' room at \$50.00 each (includes 1 membership per table)  
 (Maximum of 4)

I would like \_\_\_ additional memberships at \$25 (until 7/30/13)  
 \$35 (until 9/31/13)  
 \$45 (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		\$50.00	
Memberships			
<b>Total Cost (payable in U.S. Funds ONLY)</b>			

**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 23201  
 Rochester, NY 14692-3201  
 www.rochesterfantasyfans.org  
 Inquiries:  
 Dealers@astronomicon.info