

De**Con** Pression 9



Dealers Room Application

De**Con**pression, 5765 Cairo Road, Westerville, OH 43081

Company Name: _____

Dealer Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

Brief Description of merchandise or business: _____

Tables are 6' x 30" and there are plentiful outlets for anyone needing power. Please contact us before the convention if you need a phone line.

To ensure that we can meet your needs, please contact us immediately if you have special requirements or unanswered questions.



Table Rate:



The table cost is \$45. One membership is included in the cost of each of the tables, with second membership at \$25, larger facility, cannot guarantee availability of second table, but if possible, a membership will be included with a second table for \$45.

Dealers Will Be Juried and jurying will happen in the first half of October.



Number of Additional Memberships requested at \$25.00 each: _____
(Maximum three (3) extra)

Names for memberships:

1. _____
2. _____
3. _____

Amount Paid: _____

Total Amount Paid: _____

Cash ____ Check (number) _____

Received By: _____

Date: _____



I understand that this is an application and not a contract, and that the tables I am requesting are not guaranteed. I agree to abide by all the rules and procedures established by DeCONpression, both for its Dealers Room, and for the convention in general.

Signature: _____ **Date:** _____