

2010 Registration Form
MID-ATLANTIC "ARTISTRY IN WOOD" SHOW
 March 27th and 28th, 2010

Name _____ Date: _____

Spouse or Helper: _____.

Address _____

City _____ State _____ ZIP _____

Phone: () _____ Member DVWC () Non-member ()

E-mail: _____ (required if you request rules by e-mail)

| | | |
|---------------------|-----------------|----|
| Exhibitor Table(s) | __ @ \$ 35 each | \$ |
| 1/2 Exhibitor Table | \$ 20 | \$ |
| Vendor Area(s) | __ @ \$ 75 each | \$ |
| | TOTAL | \$ |

Do you need a club-supplied table? Yes___ No___

Do you need a location where a backdrop may be used? Yes___ No___ **

**** Perimeter space is limited and will be allocated on a first come-first serve basis.**

If registering a half table, do you have a specific partner for the other half? Yes___ No___;

If Yes _____; if No, we will assign a partner.

I will be a mentor for a novice _____ at my table.

I request a copy of the show rules by e-mail or postal mail (check one)

Make all checks payable to Delaware Valley Woodcarvers.

Address all correspondence to:

Edna Bachelor
114 Cameron Drive
Holland Pa. 18966

Liability: It is agreed that the exhibitor shall make no claim of any kind against the Penna. Delaware Valley Wood Carvers Association or any member of the organization. Under no circumstance will the organization be responsible for loss or damage, destruction, or theft of any displays or goods of the exhibitor, or the injury to the exhibitor or their employees while attending the show.

No refunds will be made if reservations are canceled within 30 days of show.

 Signature

Please note: your check will be your receipt

If confirmation of registration is desired, please enclose a self-addressed Post Card.

(For Show Committee use only) Date registration received _____

Assign Table Number _____