

OryCon 31 (Nov. 27 – 29, 2009)
DEALER REGISTRATION FORM

Return to: OryCon30; P.O. Box 5464; Portland, OR 97228-5464

This form must be completed and mailed with full fees & your waiver for you to be assigned space. Partial payments will not be accepted.

BUSINESS NAME _____
CONTACT NAME _____
ADDRESS _____
CITY _____ **STATE** _____ **ZIP** _____
PHONE (____) _____ - _____ wk (____) _____ - _____ cell
EMAIL _____
BUSINESS LICENSE NUMBER _____ **date expr.** _____

Type of merchandise: _____

Dealers' Room Options and Rates: **Cost:**

Booths* - (10' x 10') cost \$110 and includes one 6' or 8' table. (Please specify.)	_____	.00
Additional tables cost \$15 each. (Max. 2 additional) Qty: _____	_____	.00
Tables* - One 6' or 8' table costs \$60. Qty: _____	_____	.00
Total Space Cost:	_____	.00

*Tables and their sizes are subject to availability. No extra tables are available for 'Table' spaces. **No Canopies or high walls (more than 6 feet) can be allowed this year. Clearance is roughly 7'. Please do not hang anything from the overhead pipes.**

Dealers' Membership rates are:

\$30 and only available at this price during preregistration. Once preregistration is closed memberships will be subject to at-the-door rates. **Qty:** _____ .00

Membership names – **Please provide your real names.** Include Badge names (if any) in parenthesis. Please print clearly.

1) _____ 2) _____
3) _____ 4) _____
(Additional memberships you are purchasing can be listed on the back of this form.)

If you or any of your assistants already have memberships, please list their names below. Please state why.

1) _____ 2) _____
3) _____ 4) _____

Total Cost Booth Cost: _____ .00 + **Membership Cost:** _____ = **Amount Enclosed:** \$ _____

SPECIAL REQUESTS (Please do not request anything if not necessary for your goods)

Place me next to: _____ Do not place me next to: _____

Other: _____

(Phones and internet may not be provided by OryCon.)