

CAPRICON DEALERS' ROOM REGISTRATION FORM

Mail To: Gretchen Roper 725 Citadel Ct. DesPlaines, IL 60016

Company Name _____

Your Name (**First and Last**) _____ Badge name* _____

Address _____

City _____ State _____ Zip _____

Daytime Phone (____) _____ Evening Phone (____) _____

E-mail _____

Additional Memberships* (if you need more space use back of form)

Name (**First and Last**) _____ Badge Name _____

Name (**First and Last**) _____ Badge Name _____

What do you sell? _____

Where do you sell? _____

What else should we know about you? _____

Have you dealt at Capricon before? _____ When? _____

We would like to list our Dealers in the program book and on our Web site. What do you want me to say about you?

URL _____ (Subject to committee approval)

I would like a link to my web page from the Capricon web site

First Table @ \$50.00 _____

Second Table @ \$50.00 _____

Third Table @ \$60.00 _____

Fourth Table @ \$100.00 _____

Memberships @ \$45.00 ea.* _____

Electrical Access \$50.00 _____

TOTAL: _____

Please Make Check Payable To Capricon

Website: <http://www.capricon.org>

For questions about dealers, please email Dealers@Capricon.org

* Booth prices do not include memberships or badges.