

WINDYCON 47 in 2020

DEALER'S TABLE ORDER FORM

Return to Windycon Dealers' Room, 554 S. Rex Blvd, Elmhurst, IL 60126

Dealer Name _____

Business Name _____

Mailing Address _____

Telephone Number _____

Email Address _____

ILLINOIS TAX NUMBER (8 Digits) _____ - _____ (If none, please indicate)

Website _____

Special Needs (if any) _____

(Special needs include such things as being against a wall, corners, space for a free standing rack, tables adjacent to another dealer, electricity, etc. Please indicate ALL special needs. We will ATTEMPT to satisfy everyone.)

Type of merchandise sold _____

Number of tables requested (Circle) One Two Three

Name to be on the membership included with the first table: _____

Names for additional memberships (if purchased) _____

Please make sure to include payment of \$110 (one table), \$185 (two tables), or \$290 (three tables).

Checks must be payable to Windycon.

Please indicate type of payment: Check ___ On-Line via PayPal ___

Additional memberships are \$55 each in advance and \$65 at the door.

NOTE: If you have any questions regarding the Covid-19 pandemic and how it might affect the convention, please contact me directly: bjthepilot@hotmail.com

(Do not write below this line; staff use only.)

Date Received _____ Date Request Processed _____

Disposition: Table(s) assigned Hold for Wait List Check Returned Priority Number _____

COMMENTS: