

REGISTRATION FORM MIDWINTER GETTOGETHER Feb. 23-25, 2018 Holiday Inn, Des Moines, IA

DEADLINES:

MAIL REG JANUARY 30, 2018 ONLINE REG FEBRUARY 1, 2018 SELLERS TABLE FEBRUARY 1, 2018

ALL REGISTRATIONS AFTER	DEADLINES WILL PAY T	HE ONSITE \$30 F	REGISTRATION.
Member #1:			
Address:			
\Box Check here if your address has change	D. PHONE #:		-
EMAIL ADDRESS:			
REGISTRATION (MEMBER #1): ADULT =		_	
CHILD REGISTRATION: ☐ KIDSVIEW		_	
UNDER 15 FREE DATE OF BIRTH (MON	TH/YEAR)		
MEMBERSHIP : PRIMARY = \$35 FOR 1 YR OF	r \$70 for 2 yrs	_	
Associate = \$15 for 1 yr	OR \$30 FOR 2 YRS	TO	OTAL #1
MEMBER #2:		M EMBER #	
REGISTRATION (MEMBER #1): ADULT =		_	
CHILD REGISTRATION: ☐ KIDSVIEW	·	_	
UNDER 15 FREE DATE OF BIRTH (MON	TH/YEAR)		
MEMBERSHIP: PRIMARY = \$35 FOR 1 YR OF	•	_	
ASSOCIATE = $\$15$ FOR 1 YR	•		TOTAL #2
,			
Мемвек #3:		Member #	
REGISTRATION (MEMBER #1): ADULT =		<u> </u>	
CHILD REGISTRATION: KIDSVIEW	T ,	_	
UNDER 15 FREE DATE OF BIRTH (MON	TH/YEAR)	_	
MEMBERSHIP: PRIMARY = \$35 FOR 1 YR O	•		
Associate = \$15 for 1 yr or \$30 for 2 yrs		_ 7	 ГОТAL #3
·			
SELLER'S TABLES & BOOTHS			
NO PERCENTAGE RULES WILL BE APPLIED FOR THE 20 THE FLEXIBILITY TO SELL A QUALITY MIXTURE OF STONEWA			NTER SHOW AND SALE WILL HAVE
IT IS ENCOURAGED THAT VINTAGE POTTERY AND SOUVENIR REPAIRED, RESTORED, IS A KNOWN FAKE, OR IS DAMAGED, MISREPRESENT ANY MERCHANDISE OR TO USE THE NAME OF	IS TO BE LABELED AS SUCH IN COMPL	IANCE WITH RWCS REQUIRE	MENTS. THE SELLER AGREES NOT TO
OTHER ANTIQUE ITEMS OR FURNITURE MUST BE GOOD QUA	ALITY AND MADE PRIOR TO 1970.		
TABLE: 2 1/2' X 6' AND ONE CHAIR # table(s)			\$35 =
	TELL 1/2 // O / III O O O O O O O O O O O O O O O O O O	# table(s)	Price TOTAL
Вос	OTH SPACE: 10 FT WIDE X	8FT DEEP	\$55
	☐ Check here if you need a ta	ble for your booth space.	•
LIMITED SPACE, ALL TABLES ARE SOLD ON A FIRST-COME, F CONTRACT, PLEASE ENCLOSE A SELF —ADDRESSED STAMPED			-
NO ON THE CERVICE FEEC	RWCS Foundation Don	_	
NO ONLINE SERVICE FEES	Mathad of Daymont	GRAND TO	OTAL \$
Ways to Register	Method of Payment: ☐ VISA ☐ MASTER(CARD DISCOVER	☐ CHECK/CASH
1. Online: www.ERWCS.org	NAME: CARD NUMBER:		_ -
2. Phone: 651-388-4004	LAST 3 DIGITS ON BACK:	EXPIRAT	ION DATE:
3. Mail: PO Box 50, Red Wing, MN 55066	SIGNATURE:		