

Guzzle 'n Twirl October 11-12th 2019 Ticket and Trade Table Order Form



Tables will be assigned using the following priorities prior to September 1, 2019. Then strictly postmark date.

1. NSC members involved in the show
2. Member of the NSC & other organizations (BCCA, ABA or NABA)
3. Any others if any are available
4. Priorities determined by postmark date

All those who are not table holders for the Saturday show MUST register at the hotel desk and pay **\$8.00 registration fee**, or they will not get the special hotel rate nor be allowed to participate in the room-to-room trading.
WRISTBANDS WILL BE ISSUED FOR THE REGISTRANTS AND MUST BE WORN THROUGHOUT THE SHOW.

Saturday Evening Dinner & Party

Please send _____ dinner tickets at **\$30.00 each** \$ _____

Saturday Buy/Sell/Trade Show

Reserving Tables:

NSC Member - I need _____ tables at **\$25.00 each** \$ _____

All Others - I need _____ tables at **\$35.00 each** \$ _____

(Includes 1 chair per table with a table limit of 4)

TABLE HOLDER and ONE GUEST mandatory registration fee..... \$ **6.00**

(Must be a parent, spouse or child. NO sharing with another trader OR collector or you will be assessed an additional \$25.00 per extra person.)

Check box if electricity is needed, please add \$5.00 extra fee..... \$ _____

Enclosed is my check for a **GRAND TOTAL** of \$ _____

(Make checks payable to the North Star Chapter)

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE _____ EMAIL _____

I will need one additional wrist band for my spouse or other family member, who will have FREE admission and early access to help me set up on Saturday morning. Name: _____

***** Must return one of these filled out and signed of either the Statement of Isolated & Occasional Sales Provision or Minnesota Revenue Operator Certificate of Compliance Form with your order form or NO TABLES will be assigned. *****

All tables must be emptied by 3:30 p.m. but not before 3:00 p.m. as advertised to the public or you will not be allowed back next year. As a table holder; I agree to these terms.

SIGNATURE _____

Please complete this form, enclose a check made payable to the **North Star Chapter** and mail to:
North Star Chapter, P.O. Box 211752, 3145 Lexington Ave. S, Eagan, MN 55121-4201
Hotel Information: Double Tree by Hilton - Maplewood, MN - (651) 731-2220
Call before September 4th to guarantee rates and availability - mention the show for the discounted room rate of \$112.00 for a double queen or single king room (online code is GNT)