



Windycon 48 Dealer's Order Form
One Table with Membership - **\$110**
Two Tables with Single Membership - **\$185**
Three Tables with Single Membership - **\$290**

Return to Kerry Kuhn • 816 Brown Hills Ct. • Rockford, IL 61107

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 to treasury@windycon.org _____

Additional memberships are \$45 each (until Oct. 31) and \$60 at the door.

(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: