

Northern Virginia Modelers Model Classic



Vendor Registration Form

Please type your information in the boxes. You may save and/or print the completed form You may also print the blank form and fill in by hand

COMPANY NAME (Optional)			
NAME		PHONE #	
STREET ADDRESS		E-MAIL	
CITY, STATE, ZIP			
A web page list will be availab	ole to attendees at the shown the list, please enter the l	= =	eb page and wish to be
# OF PEOPLE ON YOUR STAFF	# OF TABLES @ \$30.00ea.	ТОТ	TAL
	ake the show a success by a Individual categories includ		ward category
# OF CATEGORY AWARDS YOU WISH TO SPONSOR	@ \$30.00 ea.	тот	AL
# OF BEST OF CLASS AWARDS YOU WISH TO SPONSOR	@ \$50.00 ea.	TOTA	AL
10 01 01 001	7	TOTAL ENCLO	SED
Make checks payable to "NC	ORTHERN VIRGINIA MO	ODELERS"	
Mail the completed form and	your check to:		
Jon Etherton Treasurer NoVA Modelers II	DMS		

Questions: Phone 202-445-4190

6902 Bright Ave. McLean, VA 22101

E-Mail jon.etherton@outlook.com