

DELPEX 2010 ENTRY FORM

Mail to: J.F. Gates Clarke, Jr., 2610 Belaire Dr., Wilmington, DE 19808
by March 28, 2010 to ensure listing in program

EXHIBITOR'S NAME _____
STREET ADDRESS _____
CITY _____ STATE _____ ZIP _____
HOME TELEPHONE _____ e-MAIL ADDRESS _____
EXHIBIT TITLE _____

NUMBER OF FRAMES REQUIRED _____ REGISTRATION FEE (ADULT) \$5.00
(JUNIOR) \$2.00
RETURN MAILING & INSURANCE _____
TOTAL \$

A check or money order made payable to DELPEX must accompany this form.
Will the exhibit be hand delivered to the show? _____
How will the exhibit be returned to you? _____
SIGNATURE _____
Your signature indicates acceptance of the DELPEX rules.

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