

DELPEX 2012 ENTRY FORM

Mail to: J. F. Gates Clarke, Jr., 2610 Belaire Dr., Wilmington, DE 19808

by March 16th, 2012 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.