

CAPRICON DEALERS' ROOM REGISTRATION FORM

Mail To: Kevin Kangas 9925 270th Ct. Trevor, WI 53179

Company Name _____

Your Name _____ Badge name _____

Address _____

City _____ State _____ Zip _____

Day Phone (____) _____ Evening Phone(____) _____

e-mail _____

Additional Memberships

Name _____ Badge Name _____

Name _____ Badge Name _____

What do you sell? _____

Where do you sell? _____

What Else Should we Know About You? _____

Have you Dealt at Capricon Before? _____ When? _____

We would like to list our Dealers in the program book and on our
Web site. What do you want me to say about you?

I would like a link to my web page from the Capricon 27 web site

URL _____ (Subject to committee approval)

First or second table @ \$60.00 ea. _____

Third Table @ \$100.00 _____

Memberships @ \$40.00 ea. _____

Electrical Access \$50.00 _____

TOTAL: _____

Please Make Check Payable To Capricon