

# NON-VENDOR REGISTRATION FORM

**(print clearly)**

Your Name \_\_\_\_\_ Spouse or Guest Name \_\_\_\_\_  
As you want name badge to read  
 Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 E-mail Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

**NON-VENDOR REGISTRATION**  
 Convention Registration for Non-Vendors & (1) Spouse or Guest.....\$65.00 .....\$ \_\_\_\_\_  
*Includes name badge that allows access to all events, Room-to-Room privileges, special motel rate (Tue. - Fri.), Commemorative Pin and Convention Directory.*

- I would like to place a business card ad in the convention publication.  
 Enclosed is my business card and payment of:.....\$25.00 .....\$ \_\_\_\_\_  
 Half page ad .....\$55.00 .....\$ \_\_\_\_\_  
 Full page ad .....\$110.00 .....\$ \_\_\_\_\_
- Iowa Gas T-shirts *(If unable to attend, please add \$6.50 per order for U.S. Shipping)* .....\$20.00 ea. ..\$ \_\_\_\_\_  
 M       L       XL       XXL

TOTAL ENCLOSED (US bank check or money order (US dollars) payable to "Iowa Gas") .....\$ \_\_\_\_\_

In consideration of the acceptance of my registration for this event, I for myself, my executors, administrators and assignees, do hereby release and discharge the event promoters, officials, sponsors and property owners for all claims of loss, damages, demands, actions what so ever in any manner, arising or growing out of my participation in this event. I authorize the use of my name and/or photo taken at this event for use in any media or any form of publicity and agree to abide by all show policies. If I have exhibitor spaces, I agree not to sell or display merchandise before dawn on Wednesday, and agree to make every reasonable attempt to remain open during advertised event hours.

Please make checks payable and mail to:  
**Iowa Gas Swap Meet**  
**1739 E. Grand Ave.**  
**Des Moines, IA 50316**

**Registration for this event acknowledges your willingness to abide by all Iowa Gas Rules. Unsigned forms will be returned for signature.**

Signed \_\_\_\_\_ Date \_\_\_\_\_

**.....**  
**Show Lodging at the Holiday Inn - 2 Night Minimum**

*(This information must be provided and returned with your reservation form.)*

Advanced room rate \$145.00 plus tax. Preferred vending rooms \$165.00. One room per registration. Rate not guaranteed after July 11th.  
 \*\*\*\* Reservations must be guaranteed with a credit card and the room will be charged to your account  
 if it is not cancelled 24 hours prior to date of arrival.\*\*\*\*

Arrival Date \_\_\_\_\_ Departure Date \_\_\_\_\_ Number of nights \_\_\_\_\_ **48 Hour Notice Required for Early Departure**

Check room preferences:  1 King     2 Queens     Smoking     Non-Smoking    Preferred Room Number \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name as it appears on the card \_\_\_\_\_

\* 200 available rooms assigned in the order received, with preference given to vendors until June 1st. \*