NON-VENDOR REGISTRATION FORM

(print clearly)			
Your Name	s vou want name hadge to read	Spouse or Guest l	Name
Address	s you want name oaage to read		Home Phone
City		State	Zip
E-mail Address			Cell Phone
Includes name badge (Tue Fri.), Comme.	tion for Non-Vendors & e that allows access to almorative Pin and Conve	l events, Room-to-Room privantion Directory.	\$65.00\$ ileges, special motel rate
Enclosed is my busin Half page adFull page ad	unable to attend, please		\$25.00\$ \$75.00\$ \$125.00\$ Shipping)\$20.00 ea\$
TOTAL ENCLOSED) (US bank check or mor	ney order (US dollars) payabl	e to "Iowa Gas")\$
officials, sponsors and property owners I authorize the use of my name and/or p I agree not to sell or display merchandis Please make checks payable and Iowa Gas Swap Meet 1739 E. Grand Ave. Des Moines, IA 50316	for all claims of loss, damages, dehoto taken at this event for use in se before dawn on Wednesday, and mail to:	mands, actions what so ever in any ma any media or any form of publicity and d agree to make every reasonable attemp	l assignees, do hereby release and discharge the event promoters, nner, arising or growing out of my participation in this event. I agree to abide by all show policies. If I have exhibitor spaces, put to remain open during advertised event hours.
-			es. Unsigned forms will be returned for signature.
Signed			Date
Advanced room rate \$149 pl	Show Lodging at (This information must be us tax. Preferred vending revations must be guaranteed)	the Holiday Inn - 2 Ni e provided and returned with your boms \$175. Executive King \$199	<i>reservation form.)</i> 9. Suite \$209. One room per registration. will be charged to your account
Arrival Date		1	48 Hour Notice Required for Early Departure
Check room preferences: 11			Preferred Room Number
Credit Card #		F D /	
		Exh Date	

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