LAcon IV – 64th World Science Fiction Convention
23 August – 27 August 2006

Please fill in legibly **ALL** the information requested on this form and **MAIL** it along with your table deposit fees (in US dollars, by check or credit card) to:

LACON IV
PO Box 8442
Van Nuys, CA 91409

Business Name: _____

Contact person's name: _____

LAcon IV membership number: _____

Address: _____

Address: _____

City/State/Post Code: _____

Country: _____CA Sales Tax License Number: _____

Email: _____

URL: _____

I want my email address and URL to be posted on the LACON IV Web site: _____

Phone: _____ Alternate phone: _____

* *

Types of merchandise sold: ___Books ___Art ___Games ___Video ___Audio
___Jewelry ___Magazines/Fanzines ___Buttons
___Media related ___Clothing ___Comics
___New Age ___Other: _____

* *

Number of tables requested (limit of 5 per dealing entity) _____

Each table is USD100 deposit. Please send checks made out to LACON IV.

Credit card deposits only: Name on card: _____
Number on card: _____
Expiration date on card: _____

I authorize LACON IV to charge $_____ on my card.

Signature to match name on card: _____

* *

Would consider a booth at a MINIMUM fee of USD500 per booth: _____
Will need electrical power at an additional fee: _____
Will need a phone line at an additional fee: _____
Will need handicapped access (please tell us why): _____
Will be using a large vehicle and will need special access and parking: _____
Size of vehicle _____