

Rochester Numismatic Association, Inc.
Forty-fifth Annual Coin Show and Sale
Saturday, November 4, 2017, 10:00 AM - 5:00 PM
Dealers: at 8:00am

Rochester Museum & Science Center – Eisenhart Auditorium
657 East Avenue, Rochester, New York 14607
NO SMOKING CAMPUS-WIDE

Show Space Application and Contract Terms

By signing this Application and Contract, each **dealer/applicant** agrees:

1. To abide by the location assignment, and not to transfer, sublet, nor share the space and equipment furnished without the prior consent of the Bourse Chairperson.
- 2. To provide for their own use: table lights, table cloths, table covers, extension cords, and cases.**
3. To release all officers, management, employees, agents, or members of RNA and/or the Rochester Museum & Science Center from any and all claims for expense due to loss, damage, and/or injury.
4. That neither the RNA nor the Rochester Museum & Science Center will furnish nor carry any insurance for your protection nor that of your customers against liability, loss, nor damage of any kind whatsoever from any cause prior to, during, nor subsequent to the period of the show.
5. To provide Worker's Compensation for his/her employees where applicable.
6. That cancellations will be accepted only up to September 15, 2017, and that no-shows will be held liable for full payment.
7. In the event that this show does not take place, the RNA will be responsible for the return of only the fee submitted with the application.
8. It is requested that Dealers service their tables during all listed Show hours. The Committee will attempt to provide the table location desired, but cannot guarantee same. **Abandoned tables revert to the Committee without refund.**

Please Reserve: _____ **8-Foot Tables @ \$90.00 each OR**
_____ **Signed contract and \$20.00/table Deposit by 3-15-17 and Balance Due by 9-15-17**
_____ **Backup Tables @ \$10.00** (limited number and locations available)

ANY DEPOSITS OR FEES REFUNDABLE ONLY AT THE DISCRETION OF THE SHOW COMMITTEE

PLEASE PRINT E-mail: _____
Applicant's Name: _____ **PRINT** assistants' full names on
back.

Firm Name: _____ Phone: (_____) _____

For Program Booklet:

Address: _____

Street City State ZIP+4

Sales Tax No. (**Required**) _____ State _____

Signature of Applicant _____ Date _____

Send signed contract **with full remittance or Deposit** to: **Show Treasurer, William D. Coe, P.O. Box 16444, Rochester, NY 14616-0444.** Make check payable to: 'RNA COIN SHOW COMMITTEE'.

Deposit

CONFIRMATION: Received \$ _____ Paid by Check No. _____ on _____ for
_____ Table(s) with _____ Backup Tables

Welcome to the 45th Annual RNA Coin Show and Sale

By: _____

William D. Coe, 2017 Show Treasurer, **Phone: (585) 865-7992**

Date _____