

CALJOHN66SILVER – Las Vegas Coin Show at The Orleans – BOURSE APPLICATION

Friday _____ to Sunday _____

Friday 10-7, Saturday 10-7, Sunday 10-4

1. Each dealer is responsible for their own material. CalJohn66Silver accepts no responsibility for any dealer property. CalJohn66Silver will ensure the premises are guarded on a 24-hour basis from **4:00 PM Thursday, _____ to 5:00 PM Sunday, _____ 5:00 PM.**
2. **BOURSE FEES:** See table map for bourse fees.
3. Bourse applications & table reservation locations will be accepted & assigned on a first-come, first-serve basis. No sub-letting of tables or sharing of tables will be allowed unless authorized by the Bourse Chairperson. Dealer cancellations received within 45 days prior to the Show date will result in a refund upon a new dealer reserving the previously booked table(s).
4. No substitutions or refunds except for emergencies approved by the Bourse Chairperson. **TO HAVE A TABLE HELD, A DEALER MUST GIVE THE BOURSE CHAIRPERSON TIMELY NOTIFICATION THAT THEY WILL BE LATE.**
6. Dealers may enter to set up on Thursday, _____ at 4 PM to 9pm. Dealers may enter Friday thru Sunday at 9 AM. Dealers must leave within 30 minutes after the close except Sunday the time will be 60 minutes.
7. **LOCATION:** The show is at The Orleans Hotel and Casino, Las Vegas
8. **SHOW HOURS:**
Friday, _____ 10-7 Saturday, _____, 10-7 Sunday, _____, 10-4
9. **DEALER CONDUCT:** CalJohn66Silver expects all dealers participating in the show to conduct business in a fair and ethical manner. All numismatic items offered for sale must be genuine and must be described accurately to potential buyers. **CALJOHN66SILVER RESERVES THE RIGHT TO EXPEL ANY DEALER FROM THE BOURSE ROOM WHO MISREPRESENTS ITEMS OFFERED FOR SALE!**

**TO RESERVE TABLES MAIL COMPLETED BOURSE APPLICATIONS AS SOON AS POSSIBLE TO: JOHN WARD,
BOURSE CHAIRPERSON –**

P.O. BOX 3535, VISALIA, CALIF. 93278

PHONE – 559-967-8067

Email – caljohn66silver@yahoo.com

Web Store – caljohn66silver.com

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Dealer setup and Early-birds Thursday 4-9pm

TO BE RETURNED AS SOON AS POSSIBLE TO BOURSE CHAIRPERSON TO RESERVE TABLE(S)

NAME OF DEALER/FIRM/INDIVIDUAL _____

TELEPHONE NUMBER _____

ADDRESS _____

TELEPHONE _____

EMAIL ADDRESS _____

CALIF. SELLERS PERMIT/RESALE NUMBER _____

TABLES REQUESTED: Numbers _____, _____, _____

Cost _____

SPECIAL REQUESTS: _____

APPLICANT'S SIGNATURE: _____

RETURN THIS ORIGINAL BOURSE APPLICATION PAGE ASAP FOR TABLE RESERVATIONS AND KEEP A DUPLICATE COPY FOR YOUR PERSONAL RECORDS!

Payment Receipt (please make checks payable to John Ward).

Amount _____ Type of Payment/Check Number _____

Date Received _____ Received By _____

