

OFFICIAL ENTRY FORM

National Topical Stamp Show 2012
American Topical Association

June 22-24, 2012

Mail this form with fees and supporting documents--six photocopies of the title page (required), the plan page (required) and a one-page synopsis (recommended) to:

Douglas N. Clark (Exhibits Chair), P.O. Box 427, Marstons Mills MA 02648-0427

Please accept the following exhibit. I understand that my signature on this Official Entry Form constitutes my acceptance of the stated Rules and Regulations.

Name _____

Address _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____

Telephone Number _____ E-mail _____

Exhibit Title _____

Description of Exhibit for Official Program:

Number of Frames _____

Check Class of Exhibit below

Class of exhibit: General Postcard Single-frame Youth

Division of exhibit: _____

My signature below indicates that I agree that the decision of the judges shall be final, and hereby release and agree to hold harmless the judges and the American Topical Association, its officers, directors, employees and representatives from any damage to my reputation or that of my exhibit, suffered or incurred as a result of the judging.

My signature below indicates that I understand that I will be responsible for insuring my exhibit while in transit, in storage, and on display. I will not hold the officers, representatives, or employees of the American Topical Association or the Lancaster Host Resort & Conference Center liable for the loss or damage of any material in my exhibit.

Signature of Exhibitor _____

Date Submitted _____

For Youth Exhibitors:

Youth's Birth-date _____ Parent/Guardian Signature _____

All information requested on both sides of this form must be provided.

Please list my name (or nom de plume) in the program as:

What previous awards has this exhibit won; Where, and when?

My exhibit should be considered as:

_____ Competitive _____ Noncompetitive

_____ I or _____ my agent (name) _____

Will _____ Deliver my exhibit _____ Mount my exhibit

_____ Dismount my exhibit _____ Pick up my exhibit

Mail or other carrier (specify):

___ Insured Priority Mail ___ Express Mail ___ Registered Mail ___ UPS ___ FedEx

Number of frames Exhibit Class Total
_____ x \$10.00 each Multi-Frame (up to 10) \$ _____

_____ x \$20.00 each Single-Frame \$ _____

_____ x No charge Youth \$ XXXX

Expected cost for return of the exhibit \$ _____

Total Remittance \$ _____

_____ Payment enclosed by check payable to "American Topical Association"

_____ Payment to be made by credit card: _____ Visa _____ MasterCard _____ Discover

Credit Card # _____ Expiration Date _____ CVC Code _ _ _

Signature _____