

OFFICIAL ENTRY FORM
National Topical Stamp Show 2017
American Topical Association
Crowne Plaza Milwaukee Airport, 6401 So. 13th St., Milwaukee, Wis.
June 23 - 25, 2017

Mail this form with fees to:

Robert R. Henak, NTSS 2017 Exhibits Chair, P.O. Box 170832, Milwaukee, WI 53217-0832

Title page (required), the **plan page** (required), and a **one-page synopsis** (recommended) should be sent by email to henak8010@sbcglobal.net or include two copies of each with application form.

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 _____

Class of exhibit: General _____ Single-frame _____ Youth _____

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, the American Philatelic Society, the American Topical Association, and their 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 American Topical Association, the Crowne Plaza Milwaukee Airport, or their officers, members, volunteers, or employees for loss or damages.

Signature of Exhibitor _____

Date Submitted _____

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

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

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

I have _____ have not _____ previously exhibited at a World Series of Philately show.

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 _____

| Exhibit Class | Number of frames | Total |
|------------------------|---|-----------------|
| Multi-Frame (up to 10) | _____ x \$15.00 each (ATA member) | |
| | _____ x \$20.00 each (non-member) | \$ _____ |
| Single-Frame | _____ \$25.00 (ATA member) | |
| | _____ \$30.00 (non-member) | \$ _____ |
| Youth | _____ x No charge | \$ XXXXXX |
| | Expected cost for return of the exhibit | \$ _____ |
| | Total Remittance | \$ _____ |

Enclose check payable to "American Topical Association"