CONTRACT FOR

B.N.A. FALL EXPO 2016

19th ANNUAL COIN, STAMP, CURRENCY & COLLECTIBLES SHOW

KNIGHTS OF COLUMBUS (Columbus Hall)
2735 Union Rd. • Cheektowaga, NY (Thruway I-90 - Exit 52A)
(Suburban Buffalo), New York

FRI., OCT. 7 • 10 AM - 5 PM / SAT., OCT. 8 • 10 AM - 3 PM

APPLICATION IS HEREBY MADE FOR BOURSE SPACE FOR THE PERIOD OF THE ABOVE-MENTIONED BOURSE.

Standard bourse space includes one sign card and dealer registration badge. With the exception of the registration badge, all of the foregoing are returnable to the property engineer when you leave the bourse. Two (2) additional dealer identification badges for adult members of your staff, will be supplied at no charge. Indicate name(s) below. Showcase w/key is available for $10.00 each, lamps for $5.00 each. Backup tables are included in the price.

Armed guard service will be provided for the bourse area day & night, Friday through Saturday. For the period of the bourse from 8:00 am on Friday through 4:00 pm Saturday, (you may leave your display/merchandise on-site). The premises **must** be vacated by 5:30 pm on Friday.

However, neither the Buffalo Numismatic Association, Inc. and its members, the owner and/or the management of the premises in which the bourse is held, the municipality or other political sub-division in which the premises are located, will furnish or carry any insurance for your protection against any loss or damage of any kind whatsoever. The Buffalo Numismatic Association, Inc., the owners of the premises, the political sub-division in which the premises are located, shall not in any way be responsible for any loss, damage or injury which may occur to those servants, nor for the loss of any property or material of any kind whatsoever from any cause prior to, during or subsequent to the period covered by the contract, and the undersigned hereby releases the Buffalo Numismatic Association, Inc., its members, the owners and/or other political sub-division in which the premises are located, officers, agents, representatives and servants from and agrees to indemnify the same against any and all loss, claim or expense due to loss, damage or injury.

The applicant hereby agrees to abide by all of the rules and regulations of the Buffalo Numismatic Association, Inc. and the American Numismatic Association, the premises owners and/or management. The applicant further agrees to abide by the laws and ordinances of the United States, the State of New York, the municipality and/or other political sub-division having jurisdiction over the premises.

The applicant hereby agrees to abide by the decision and location assignment given to the applicant, and further agrees not to transfer, sublet, nor share the space and equipment furnished without the consent of the general chairman.

Having read the foregoing provisions, and agreeing with same, application for bourse space under the conditions specified, is hereby applied for:

$20.00 DISCOUNT IF CONTRACT WITH PAYMENT IN FULL IS RETURNED BY JANUARY 1st 2016

AS THERE IS A LIMIT TO THE NUMBER OF CONTRACTS THAT CAN BE ACCEPTED, PRIORITY WILL BE GIVEN ON A FIRST-COME, FIRST-SERVE BASIS.
Check enclosed with this application must "clear" before the applicant can establish priority for bourse space. Checks failing to clear shall be cause for immediate rejection of any application. Failure to attend will result in "forfeiture" of said fee.

❑ 8' TABLE	**$ 130.00**	_____
❑ DOUBLE (2–8')	**240.00**	_____
❑ DEPOSIT (not refundable)	25.00	_____
___Showcase(s) w/key	10.00 ea.	_____
___Lamp(s)	5.00 ea.	_____
BALANCE DUE		_____

FULL PAYMENT MUST BE RETURNED BY SEPT. 1, 2016

FRIDAY & SATURDAY SET-UP TIME 8:00 AM

NAMES FOR I.D. BADGES:

(1) _____ (2) _____ (3) _____

PLEASE RETURN BOTH COPIES OF THE CONTRACT, SIGNED WITH FULL PAYMENT.
A COPY WITH A MAP WILL BE RETURNED TO YOU.

Make Check Payable To:
BUFFALO NUMISMATIC ASSOCIATION, INC.

SEND TO:

JIM BUCKI
PO Box 3462
Buffalo, New York 14240-3462
(716)771-2551

DAVID TORTORICE
PO Box 3462
Buffalo, New York 14240-3462
(716) 873-4280

REQUESTS/COMMENTS: _____

TO ASSURE ACCEPTANCE APPLICANT MUST FILL IN ALL APPLICABLE INFORMATION BELOW.

PLEASE "PRINT" THE FOLLOWING INFORMATION:

_____ dba _____
Name of Applicant (Please Print) *Name of Company (Please Print)*

_____ _____ _____ _____
Mailing Address (Please Print) *City (Please Print)* *State & Zip* *Phone*

Signature of Applicant _____ *Date* _____

Signature of Bourse Chairman _____ ***Date*** _____