

CENTRAL STATES NUMISMATIC SOCIETY
80TH ANNIVERSARY CONVENTION - RENAISSANCE CONVENTION CENTER -
SCHAUMBURG, ILLINOIS
April 24 -27, 2019

APPLICATION AND RESERVATION FOR EXHIBIT SPACE AND CASES
DUE BY MARCH 16, 2019 (Postmark Date)

*I would like to reserve space for an exhibit of numismatic material **consisting of _____ case(s)** for the above convention. My exhibit is to be entered in the class designated by an "X". (Note: No single exhibit may be entered in more than one classification. No more than one entry per class) A separate application must be submitted for each exhibit. There is a limit of ten (10) cases that total no more than 30 linear feet of table space per exhibit. Allstate cases (inside dimensions 22" x 34") will be furnished; however, an exhibitor may furnish his/her own cases, provided they do not exceed the 30 linear feet limitation and are not more than five (5) inches deep. All materials, including titles, must be inside the case and be the property of the exhibitor.*

CLASSIFICATIONS

- | | |
|--|---|
| <input type="checkbox"/> A. U.S. COINS | <input type="checkbox"/> F. ALL FOREIGN PAPER MONEY |
| <input type="checkbox"/> B. FOREIGN COINS PRIOR TO 1500 A.D. | <input type="checkbox"/> G. TOKENS |
| <input type="checkbox"/> C. FOREIGN COINS AFTER 1500 A.D. | <input type="checkbox"/> H. MISCELLANEOUS |
| <input type="checkbox"/> D. MEDALS | <input type="checkbox"/> I. JUNIOR (Age 17 & under) |
| <input type="checkbox"/> E. ALL U.S. PAPER MONEY | |

Exhibits may be placed Wednesday, April 24, 2018 between the hours of 9 AM & 6 PM OR on Thursday, April 25 between the hours of 9 AM & Noon. Exhibits must be removed between 3 PM and 5 PM on Saturday, April 27, the last day of the Convention.

MY EXHIBIT TITLE IS: _____

A BRIEF DESCRIPTION OF MY EXHIBIT IS _____

ARE YOU A FIRST-TIME CSNS EXHIBITOR? YES NO

I HAVE MY OWN CASES: YES NO

I agree to abide by all rules and Exhibit Committee decisions necessary to the conduct of the exhibit area and by the decisions of the judges. I recognize and accept my personal liability regarding any loss or damage sustained either directly or indirectly in connection with my exhibit's participation in the Convention.

Please complete and return to:

JACK HUGGINS
PO BOX 24267
BELLEVILLE, IL 62226-9267
FAX: 618-397-4842
EMAIL: HUG511@AOL.COM

Your Name _____

Address _____

City/State/Zip _____

Phone # _____

CSNS MEMBERSHIP # _____

EMAIL: _____