## CENTRAL STATES NUMISMATIC SOCIETY

## 76TH ANNIVERSARY CONVENTION - RENAISSANCE CONVENTION CENTER - SCHAUMBURG, ILLINOIS April 22-25, 2015

## APPLICATION AND RESERVATION FOR EXHIBIT SPACE AND CASES

**DUE BY MARCH 15, 2015 (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 seven (7) cases that total no more than 21 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 21 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** A. U.S. COINS F. ALL FOREIGN PAPER MONEY B. FOREIGN COINS PRIOR TO 1500 A.D. G. TOKENS C. FOREIGN COINS AFTER 1500 A.D. H. MISCELLANEOUS \_\_\_\_\_I. JUNIOR (Age 17 & under) D. MEDALS E. ALL U.S. PAPER MONEY J. NON-COMPETITIVE Exhibits may be placed Wednesday, April 22, 2015 between the hours of 9 AM & 6 PM OR on Thursday, April 23 between the hours of 9 AM & Noon. Exhibits must be removed between 3 PM and 5 PM on Saturday, April 25, 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 COMPETITIVE? \_\_\_\_\_ NON-COMPETITIVE? \_\_\_\_\_ 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: Your Name **JACK HUGGINS** Address PO BOX 24267 City/State/Zip **BELLEVILLE, IL 62223-9267** Phone # CSNS MEMBERSHIP #\_\_\_\_\_

EMAIL:

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