

Date Received	
Check #	Amount
Table #	

## 2025 St. Louis Pen Show Registration Form \*\*\*\*\*\*June 26-29\*\*\*\*\*

Company Name	Your Name:				
Please Indicate specialties:		Modern Pens _Pen Customization			
Street Address:					
City:		State:		Zip:	
Cell Phone:		Home Phone:			
Email:		Website:			
Number of Tables Requested ***Electricity is only availab		Type of Tables:		r: \$150 each \$225 each	
6 Foot tables come with 2 ch	airs and tableclot	h: Do you need addition	onal chairs?_	How many?	
Do you need an 18" Schoolho	ouse table behind	l you?	How man	y?	
Please list the names of addi	tional helpers for	credentials:			
******One fr	ee lunch per day	will be provided per c	 edential***	***	
We reserv	e locations have be the right to decling tions are not finaling Refunds are at the Questions? Cont	ved on a first-come, first-seen given to returning verine requests that do not extend until the payment characteristics of the show eact Anne & Dave Morgan nne@stlpenshow.com	ndors from the enhance the e neck is receive organizers.	entire show.	
	Total Amou	nt Enclosed:			
Send payn		cks payable to STL Pen n to: 495 Trailwood D		n, MO 63011	
Would you like to be a Do We are a 501c3 non-profit w	you have pens to	Could you do sell in our auction?			