

NEW YORK SCIENCE FICTION SOCIETY -

# *the Lunarians<sub>2</sub>, Inc.*

Post Office Box 3137  
New York, NY 10163-3137

**Lunacon 2016**  
March 18-20, 2016

Tables Assigned:

Tables Requested:

No. Memberships:

**LUNACON 2016 Dealers' Room Reservation Form**  
**Please print**

Name:

Business Name:

Address:

City:  State:  Zip:

Evening Phone:  E-mail/fax:

Website (optional):

- Merchandise: *Books*
- |  |  |
|--|--|
| <input type="checkbox"/> New sf/fantasy            | <input type="checkbox"/> Used sf (under \$6 average) |
| <input type="checkbox"/> Collectable hardcovers    | <input type="checkbox"/> Collectable paperbacks      |
| <input type="checkbox"/> Mysteries                 | <input type="checkbox"/> Other Books                 |
| <input type="checkbox"/> Art & illustrated books   | <input type="checkbox"/> Magazines                   |
| <input type="checkbox"/> Filk tapes and filk books | <input type="checkbox"/> Fanzines                    |
| <input type="checkbox"/> Comics                    | <input type="checkbox"/> Weapons                     |
| <i>Non-Books</i>                                   | <input type="checkbox"/> Costumes                    |
| <input type="checkbox"/> Jewelry                   | <input type="checkbox"/> Media posters & photos      |
| <input type="checkbox"/> Costumers' supplies       | <input type="checkbox"/> Anime/Manga                 |
| <input type="checkbox"/> Video/CD/DVD              | <input type="checkbox"/> T-shirts                    |
| <input type="checkbox"/> Buttons                   | <input type="checkbox"/> Models & Figurines          |
| <input type="checkbox"/> Games & Toys              |  |

*Other* (please specify): **Wiccan Items (Tapestries, Incense - in sealed containers), Journals, Goblets, etc.**

Special set-up requests (*power, no table in space, wall space, etc.*):

**PLEASE TURN THIS FORM OVER AND SIGN BEFORE RETURNING! DEADLINE FOR RECEIPT OF FORM: FEBRUARY 28, 2016**

One Table = \$120

Two Tables = \$240

Three Tables = \$315

(One membership per table comes free with each of first two tables. Three tables are available only to dealers whose merchandise is at least 50% books.)

Total Table Cost: \$

Additional Memberships#  @ \$55 each =

\$

(Please list names and addresses on attached sheet.)

**Total Amount Enclosed:**

\$

**Please make all checks payable to: LUNACON 2016 and mail with this completed form to:**

**Lunacon 2016**

Attn: Dealers Room

Post Office Box 3137

New York, NY 10163-3137

**Please sign disclaimer below. No forms will be accepted without signature.**

(If you wish to pay by credit card, please visit our website for online payment. All payments will be processed through our secure server. The online payment page can be accessed from the dealers' page on the Lunacon website. You will be able to pay for your tables and memberships on the same page.)

**If you plan to pay using a credit card, please note it here**

I, the undersigned, agree that **Lunacon 2016** and the **New York Science Fiction Society - the Lunarians (2), Inc.** will not be responsible for goods and/or services sold by me during the course of **Lunacon 2016**. By placing goods in the Dealers' Room, I agree to indemnify and hold harmless **Lunacon 2016** and the **New York Science Fiction Society - the Lunarians (2), Inc.** from all claims and liabilities resulting from my negligence. Although **Lunacon 2016** and the **New York Science Fiction Society - the Lunarians (2), Inc.** will take reasonable security measures, neither **Lunacon 2016** nor the **New York Science Fiction Society - the Lunarians (2), Inc.** will be responsible for items placed in the Dealers' Room.

The exhibitor assumes responsibility and agrees to indemnify, defend and hold harmless Hotel, Hilton Worldwide, Inc., and the Hotel's Owner, and their respective owners, managers, subsidiaries, employees and agents (collectively, "Hotel Parties"), and Group from and against any claims or expenses arising out of the use of the exhibition premises.

The Exhibitor understands that neither the Group nor the Hotel Parties maintain insurance covering the Exhibitor's property and it is the sole responsibility of the Exhibitor to obtain such insurance.

I understand that my submission of this signed and dated **Lunacon 2016** Dealers' Room Reservation Form signifies that I have read and accepted the Dealers' Room Regulations provided with this form.

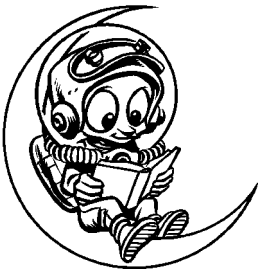
Authorized Signature:

Date:

Signature must be of the same person as the name on the other side of this form.

**Forms will be returned if they are not signed and dated.**

Check here if you want to receive hard-copy confirmation, NOT email



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## ***Lunacon 2016 Membership/Registration List***

Please copy this form if you need additional memberships.

Name:

Badge Name:

Address:

City:  State:  Zip:

Phone:

Email:

Name:

Badge Name:

Address:

City:  State:  Zip:

Phone:

Email:

Name:

Badge Name:

Address:

City:  State:  Zip:

Phone:

Email: