

**DELPEX EXHIBIT ENTRY FORM**

Mail to: J.F. Gates Clarke, Jr., 2610 Belaire Dr., Wilmington, DE 19808

by 3 weeks before show date to ensure listing in program.

EXHIBITOR'S NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
HOME TELEPHONE \_\_\_\_\_ e-MAIL ADDRESS \_\_\_\_\_  
EXHIBIT TITLE \_\_\_\_\_

NUMBER OF FRAMES REQUIRED \_\_\_\_\_ REGISTRATION FEE (ADULT) \$5.00  
(JUNIOR) \$2.00  
RETURN MAILING & INSURANCE \_\_\_\_\_  
TOTAL \$ \_\_\_\_\_

A check or money order made payable to DELPEX must accompany this form.

Will the exhibit be hand delivered to the show? \_\_\_\_\_

How will the exhibit be returned to you? \_\_\_\_\_

SIGNATURE \_\_\_\_\_  
Your signature indicates acceptance of the DELPEX rules.

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