Allied Organizations for Freedom

FIRST ANNUAL FREEDOM FORUM
July 26, 1986 Sheraton-Boxborough
Boxborough, Massachusetts 01719

BOOTH SPACE APPLICATION AND CONTRACT

We understand that exhibitor tables will be available and will be charged for at the following rates:

Voluntary organizations based in New England	$15.00 per table	(tables
Voluntary organizations with national reach	25.00 per table	(measure
Commercial organizations	50.00 per table	(8'x3'

NOTE: On applications submitted prior to June 10, there will be a 10% discount.
On applications submitted after June 30, there will be a 10% surcharge.

We accept the fact that since exhibit space is limited, it will be assigned on a first-come first-served basis.

We will need access to electric outlet ____yes ____no
Other special facilities needed are as follows:

_____
(Special facilities requested will be arranged for if possible, but cannot be guaranteed .)

ORGANIZATION NAME:_____TEL:_____

ADDRESS:_____

Person to contact with respect to our exhibit:

NAME:_____TEL. (if diff.fr. above)_____

ADDRESS (if diff.fr. above):_____

We agree to abide by the rules presented on the reverse side of this application form, all of the terms of which are made a part of this application by this reference.

SIGNED:_____DATE:_____

Typed or printed name:_____TITLE:_____

ADDRESS (if diff. fr. above):_____

Payment is made in full herewith: $_____

Please make separate checks for exhibit space and for lunch-dinner reservations for representatives. All checks should be made payable to A.O.F. (Allied Organizations for Freedom) and mailed to P. O. Box 1252, New London, NH 03257, together with one copy of this application.

LUNCH-DINNER RESERVATION FOR EXHIBITORS' REPRESENTATIVES - FREEDOM FORUM

ALLIED ORGANIZATIONS FOR FREEDOM, Box 1252, New London, NH 03257 Date:_____

Please make the following reservations for the Freedom Forum on July 26 for the representatives of _____:
(exhibitor's name)

_____ Lunch-Dinner tickets @ $25.00 TOTAL AMT. ENCLOSED $_____
(no.)

Please send tickets to: NAME_____TEL._____
please print

ADDRESS_____
please print