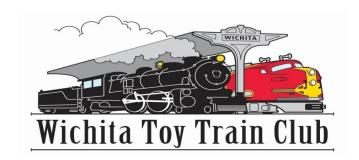
23rd Annual Wichita Model Train Show

Exhibitor Registration Form

September 2017

Saturday, September 23, 9:00 AM – 5:00 PM Sunday, September 24, 10:00 AM - 3:00 PM Move-in: Friday, September 22, -1:00 PM



For floor plan allocations and Vendor or Exhibitor resources, contact:

Javen Schmucker: javen1927@gmail.com 316-253-5918 Alternate: Shari Shockey: mshockey@hughes.net

Downloads at: www.wichitatoytrainmuseum.org

EXHIBITOR REGISTRATION FORM											
Send form to: Javen Schmucker, C/O WTTC Inc., PO Box 4091, Wichita, KS 67204-0091											
Club							0.00		VIN	Date	
Name:							Office use only:	:			
Name:						_	# Operator Passes Req'd.				
Address:						_	Telephone: _				
City, State, Z	<u>'</u> ip:						Cell Phone: _				
							Communicatio	n			
Email:							preference:		_ Email	USPS	
Scale:	Z	N	НО	HOn3	S	0	On3	G	Othe	er	
Size of Display / Layout:		Ft. Wide		Ft. Long		# Tables Req'd:					
Agreement											
The understoned	1 Particina	ant releases W	TIC Inc. from	all claims of los	ss or millery a	rising fron	n show occupancy	ınclud	ing but not lin	nited to loss theft	

The undersigned Participant releases WTTC Inc. from all claims of loss or injury arising from show occupancy, including but not limited to loss, theft,
lamage, destruction, fire, flood, vandalism, acts of God or injury of any kind. In addition, the Participant and their associates, employees, club members and
he like, agree to indemnify and hold harmless WTTC Inc. and its members, officers, directors, or assigns of any liability that may be caused or related to
heir participation in the show. The undersigned further agrees to the terms, conditions and regulations as stated in the WTTC Inc. Train Show SOP
Agreement document dated 3-6-2017.

Signature of Participant	Date	