

Application

BAKCA Inc. Annual Knife Show

Name: _____

Business Name: _____

Address #1: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

CA Resale Number: _____

You will need a CA Resale Number, further information at: www.ca.gov

Number of tables: _____

Names of table exhibitors (please print):

_____ Limit two persons per table.

Are you a Maker _____ Purveyor _____ Display _____

Show Information:

Event Date

October 10th & 11th 2008

Santa Clara Convention Center

Friday 3:00 pm to 7:00 pm

Saturday 8:00am to 5:00 pm

Table Cost \$175 plus

Membership \$25 per table holder

Total Table Cost \$200.00

Additional Tables \$145 each

Membership covers the 2008 Show

Raffle and Door Prize donations will be appreciated.

- Door Prize _____
- Raffle Prize _____

For additional information contact the Show Chairperson:

- Jeff Pelz
- ATTN: Show Chairman
- P.O. Box 3274
- San Ramon, CA 94583
- PH: (925) 336-1444
- E-mail: president@bakcainc.org

For BAKCA Use Only:	Table Assignment:
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