

2004

POSTAGE STAMP MEGA-EVENT

March 4-7, 2004

Madison Square Garden

Seventh Avenue between 31st and 33rd Street, New York, NY

A World Series of Philately Show

PLEASE PRINT OR TYPE

Name: _____ Phone No. _____

Fax Number _____ E-mail Address _____

Address: _____

City: _____ State: _____ Zip Code: _____

Title of Exhibit: _____

Description (20 words or less): _____

Number of pages: _____ Page size: _____ If youth, date of birth (See rule #5) _____

Language in which the exhibit is prepared: _____

This collection is my property in its entirety: ☐ Yes ☐ No

Please indicate the class in which this exhibit is being entered (Choose only one)

☐ General ☐ Single Frame ☐ Youth ☐ Non-competitive

For competitive exhibits indicate the division in which this exhibit is being entered (Choose only one)

☐ Postal ☐ Cinderella ☐ Display ☐ Illustrated ☐ Revenue ☐ Thematic

Fees:

of frames

_____ Adult single frame exhibits at \$20.00 per frame \$ _____

_____ Adult multi-frame exhibits at \$8.50 per frame \$ _____

_____ Non-competitive exhibits at \$5.00 per frame \$ _____

_____ Youth exhibits at \$5.00 per frame \$ _____

_____ Return Postage \$ _____

Total fee enclosed: \$ _____

Method of payment: ☐ Check (Payable to the APS) ☐ Visa ☐ MasterCard

Visa or MasterCard account number ____ • ____ • ____ • ____ Expiration date ____ • ____

V Code ____ (last 3 numbers on the signature strip on back of card - required for security purposes)

Please Continue on Reverse

Method of Delivery:

☐ Personal

☐ US Postal Service

☐ Agent - Please provide name and phone number _____

Method of Return:

☐ USPS Express Mail

☐ USPS Registered

☐ USPS Insured for _____

☐ Personal

☐ Agent - Please provide name _____

Are you planning to attend the show: ☐ Yes ☐ No

I have read, understand and will comply with all rules and regulations for exhibiting at the Spring 2003 POSTAGE STAMP MEGA-EVENT. I understand that no address will be listed in the program so you have my permission to:

☐ List my name **OR** ☐ List me anonymously as _____

I, the undersigned, understand that I will be responsible for insuring my exhibit, and I will not hold the American Philatelic Society, American Stamp Dealers Association, United States Postal Service or Show Piers and/or their officers, members or employees liable for loss or damage to this exhibit.

Signature: _____ Date: _____

Signature of Parent or Guardian if Exhibitor is Youth Under Age 18:

_____ Date: _____

Return to: APS, P.O. Box 8000, State College, PA 16803
Deadline for receipt of entry is February 6, 2004