

Philatelic Exhibit Application
Our 131st Anniversary

Chicago Philatelic Society
CHICAGOPEX 2017
November 17-19, 2017

Please enter the following exhibit, subject to the rules and regulations in the CHICAGOPEX 2017 Philatelic Exhibitor's Prospectus, and in this application, to all of which I agree to be bound. **The application deadline is August 15, 2017.**

Title of exhibit (for Show Program listing; please type or print): _____

Please reserve _____ frames in Area _____ and Class/Division _____ (see prospectus)

Entry Fee (\$15 + \$10 per frame unless youth exhibit in which case \$1 per frame): \$ _____

Return Postage: \$ _____ Total Enclosed: \$ _____ (Make check payable to Chicago Philatelic Society)

Exhibit will be brought & mounted by _____; or sent via: _____

Exhibit will be taken down by _____; or to be returned via: _____

Name and address of exhibitor (please type or print)

Name: _____ Age (if 21 or under): _____

Street address: _____ Telephone: _____

City, state and ZIP: _____ Country: _____

Email address: _____

Are you a member of the Chicago Philatelic Society? Yes No (please circle)

Have you previously had any exhibit in an APS sanctioned national exhibition? Yes No (please circle)

What award(s) has this exhibit received previously, and where? International: _____

National: _____ Local: _____ (Use back if needed)

Due precaution will be taken to protect exhibits against loss or damage, and security guards will be on duty around the clock. By applying to exhibit, however, the exhibitor agrees that no responsibility of any kind or character shall attach to CHICAGOPEX, Chicago Philatelic Society, Westin Chicago Northwest, or to any of their officers, agents, members or employees for any loss, damage or costs to exhibitor or exhibit arising from any cause or reason whatsoever.

In addition, exhibitor acknowledges that CHICAGOPEX, Chicago Philatelic Society, and the Westin Chicago Northwest do not maintain insurance covering exhibitor's property and that it is the sole responsibility of exhibitor to obtain property damage insurance covering any such possible losses by exhibitor.

Signature of exhibitor: _____ Date: _____

If under legal age, Parent/Guardian's signature: _____

Please mail completed entry form, entry fee, seven copies of title page (and synopsis if available) to:

CHICAGOPEX 2017
c/o Tim Wait
P. O. Box 16131
Loves Park, IL 61132

Questions: t.wait@comcast.net or to above address

_____ for committee use _____

Exhibit Mounted by: _____

Exhibit Taken Down by: _____

Disposition of Exhibit:

Received by: _____ (Signature required of owner or authorized person)

Returned by Mail: _____

Frame Numbers: _____
