

BOURSE APPLICATION & CONTRACT FOR:

**2010 LAS VEGAS COIN,**  
**CURRENCY, JEWELRY & STAMP EXPO**  
**@ CIRCUS CIRCUS HOTEL**

Skyrise Tower, 1st Floor Meeting Rooms

( ) 4/16-18 ( ) 10/15-10/17

1-800-634-3450 for Tower Room Rates Cut-off dates are 1 month prior to show

April- B04CSE, Th. \$, Fr. & Sa. \$, Sun. \$

Oct. - B10SCE, Th \$, Fr. & Sa. \$, Sun. \$

All rates subject to change, cut-off dates are 4 weeks prior to show dates

PLEASE RESERVE THE FOLLOWING BOURSE SPACE:

( ) SINGLE \$495. ( ) CORNER \$695.

All booths have a back up table, tablecloths, and chairs.

SHARED BOOTH \$100. EXTRA. MUST BE CLEARED PRIOR TO SHOW

ADVANCE ORDERS: ( ) SHOWCASES \$15 ( ) LAMPS \$10

(AT SHOW: SHOWCASES \$20; LAMPS \$15 SUBJECT TO AVAILABILITY)

Limit of 2 lamps per single, 4 lamps per corner, even if lamps provided by dealer

Dealer Set-up: Friday, 8:00 AM - 11:00 AM

(SECURE STORAGE AVAILABLE THURSDAY NITE AFTER 8PM)

CALL ISRAEL DAY OF SHOW AT 818-613-3418 TO SEE IF ROOM IS READY BEFORE THEN

**Public hours: Friday 11am -6pm Saturday 10am- 6pm Sunday 10am- 5pm**

**Terms and Conditions**

\_\_\_\_\_I agree that the bourse chairperson, on sole discretion, may relocate exhibitors to present a more uniform and orderly show and that booths will be assigned on a priority basis established by receipt of this application.

I recognize and acknowledge that any security personnel present at the show are there to assist in maintaining order and to deter open and overt theft or other crimes, which may not succeed. Therefore, I agree that I have the ultimate and sole responsibility against disappearance, loss, theft, or damage of my merchandise.

In this regard, I will insure my own merchandise (without right of subornation against Israel I. Bick, his partners or employees, representatives, or agents), so they will be held harmless from any suit, claim, loss or injury (1) as to merchandise, exhibits, exhibitors, their agents, employees, any spectators or customers, for any disappearance, theft, damage, or for accident (2) as to any sale or transfer of any article, or (3) from any cause whatsoever during the show, setting up, tearing down or conduct of the show.

I agree that neither Israel I. Bick, his partners, nor their employees or agents, shall be called upon or required to protect or insure, nor to pay, or otherwise make good, any loss, theft, damage or injury to property or person, that might be suffered, coming to, attending or leaving this show.

I further agree to abide by all rules and regulations governing the show; and abide by all conditions under which exhibitor space is leased to Israel I. Bick and/or the International Stamp and Coin\_Collectors Society, the Auditorium, Hotel or other facility.

**(See Next page)**

**\*\*A \$100 DEPOSIT IS REQUIRED WITH THIS APPLICATION, THE BALANCE IS DUE AND PAYABLE 30 DAYS PRIOR TO THE SHOW. NO REFUNDS OF ANY PAYMENTS WILL BE MADE AFTER 60 DAYS PRIOR TO THE SHOW. THIRTY (30) DAY CANCELLATIONS AND NO SHOWS MUST PAY BOURSE FEE IN FULL.**

**I UNDERSTAND THAT THE FOREGOING AGREEMENT MATERIALLY AND SUBSTANTIALLY AFFECTS MY RIGHTS AND I HAVE READ IT CAREFULLY. DEPOSIT, PAYMENT OR RESERVATION CONSTITUTES ACCEPTANCE OF ALL CONDITIONS CONTAINED HEREIN. NO SHARING OF BOURSE SPACE IS ALLOWED WITHOUT THE WRITTEN CONSENT OF SHOW MANAGEMENT.\*\***

\*\*\*\*\*

**SIGNED:** \_\_\_\_\_

**PRINT NAME** \_\_\_\_\_

**FIRM NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **ST.:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**TEL:** (    ) \_\_\_\_\_ **FAX:** (    ) \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_ **RESALE #** \_\_\_\_\_

\*\*\*\*\*

**There is 4% handling charge for payments other than cash or checks.**

**Please charge my deposit/booth rental, etc.      Total Amount \$** \_\_\_\_\_

**To my:**    ( ) Visa    ( ) Master Card    ( ) American Express    ( ) Discover

**Credit Card Number:** \_\_\_\_\_

**Name of Card Holder:** \_\_\_\_\_

**Address where bill is sent if different than above:** \_\_\_\_\_

**Please insert 3 digit security verification # found on back of Visa/MC card or for AmEx, on face of card on left side above #: \_\_\_\_\_ Exp. Date:** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_

**Make checks for deposit/booth rentals, etc. payable to: BICK INTERNATIONAL, and send to: PO BOX 854, VAN NUYS, CA 91408**

**My sign should read: NAME** \_\_\_\_\_

**CITY & STATE** \_\_\_\_\_

**NOTE: Please let us know how many Discount Tickets or Post Cards you need!!!!!!! Thank you.**

**Israel Bick, Bick International, PO Box 854, Van Nuys, CA 91408**

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**website: www.bick.net. Member: ASDA, ANA, APS, PTS, ATA, IC&SCS**

**as of 8/20/08**