



Heat of Battle II Dealer Registration Form

Thank you for your interest in Heat of Battle II. Please complete all items below and mail/fax this form along with your check (or credit card information) to the address at bottom. Museum must receive by c.o.b. Monday, July 21, 2008.

First Name: _____

Last Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Telephone: (____) _____ Email: _____

Name of Business (as you would like it displayed): _____

List of items (to be sold/displayed; no WWII surplus items or artifacts allowed): _____

If you wish the National World War II Museum to process your sales tax, the museum will collect 20% of your net sales at Convention closing.
If you wish to process your own taxes, the museum will only collect 10% of your net sales at Convention closing, but still needs your:

Sales Tax ID #: _____

of (8' x 2.5') Tables: 2 (\$150) _____ 3 (\$200) _____ 4 (\$250) _____

Credit Card Information:

Card Type: _____ Card #: _____ Exp: _____

If you prefer, make out a check to "Heat of Battle II" for your Dealer fees and send to:

Heat of Battle II

945 Magazine Street

New Orleans, LA 70130

Or fax your completed form (including Credit Card info) to: (504) 527-6088

Upon acceptance, a receipt and confirmation for Heat of Battle II will be emailed to you.