

READERCON 19 BOOKSHOP APPLICATION FORM

Application does not guarantee placement. No payment for RC 19 is expected with this initial application.

Organization/Company Name: _____

Contact Name(s): _____

Company Address: _____

City: _____ State: _____ Zip: _____

Company Website URL _____

Telephone: _____ E-mail: _____

I would like to be considered for _____ tables at at Readercon 19.

_____ Please keep us on your mailing list, but we do not want a table this year.

_____ I can survive with fewer tables if necessary, but I need at least _____ tables to come

If you have NOT been a dealer in the Readercon Bookshop in the last two years, please briefly describe your stock:

Mail To:

Readercon 19 Bookshop
c/o Lois Ava-Matthew
16 Wilson Farm Road
Westford, MA 01886

Questions? Please contact Lois at avamatthew@gmail.com or 978-692-0318.