Exhibitor Order Form

Organization Name: _____

Primary Contact Person: _____

Postal Mailing Address: _____

Email Address: _____

Phone Number: _____

	Number	Amount
Shoshoni and/or Cheyenne Room - $130 ea.	_____	_____
10’x10’ Booth - $80 ea.	_____	_____
30”x72” Table - $20 ea.	_____	_____

Please make check or money order out to “Astronomical League”.

Please return this form and your payment to:

ASTROCON 2017
P.O. Box 901631
Sandy, UT 84090-1631