

* Date:					
Vendor Company Name (if applicable):					
* Vendor Name	:				
* Address:					
* City:			* State: * Zip:		
* Email:					
Website (if appl	icable):				
* Primary Phone: Mobile Home					
Alternate Phone: Mobile Home					
* <b>Number of Tables Requested</b> (due to space constraints this will be a mixture of 8' and 6' tables, we will do or best to provide each vendor with as much table space as possible)					
	Before Marc	ch 31, 2025	After April 1, 2025		
	# of Tables	Price	# of Tables	Price	
	1	\$20	1	\$25	
	2	\$40	2	\$50	
	3	\$60	3	\$75	
	4 5	\$80 \$100	4 5	\$100 \$125	
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Total Due: \$	Paym	ent due by March	31 <sup>st</sup> , 2025 to sec	ure reservation.	
Make checks payable to"MOSS" or "Missouri Ozarks Scale Specialists"Send payment to:IPMS / MOSS c/o Nate Jones301 North Ridge PlaceBranson, MO 65616					
Additional Details ~ No Fee for the following   * Number of Chairs Requested: * Do you require an electrical outlet?   Yes No   (You will need to provide your own surge protected power strip and extension cords.)					
MOSS CON 2024 will be held on Saturday, May 17 <sup>th</sup> , 2025 at the ARC of the Ozarks Center 1501 East Pythian Street, Springfield, MO 65802 Vendor setup will begin at 7:00 am ~ Doors open to the public at 8:30 am					