



March 30 - April 1, 2012
Stony Brook University

Dealer's Application



Please fill out the attached form(s) neatly and mail them with payment to:

Payment can be made by Check, Money Order, or by using our Credit Card Payment Form.

Attn: I-CON 31 Dealer's Coordinator
ICON Science Fiction
20 Peachtree Ct
Suite 103J
Holbrook, NY 11741-4616

Please be aware of the following regarding your application, as it will expedite the handling of your application:

1. ***I-CON requires a copy of your New York State Sales Tax Certificate.*** If you are an out of state exhibitor, please call the NYS Department of Taxation at 1-800-972-1233 and request Form #DTF17 to be sent to you. This is an application for a temporary sales tax ID. *If you do not provide a Tax Certificate, you will not be able to vend at I-CON.*
2. Please list any special requirements (i.e. to be next to another dealer, or to be near a door). The Dealer's Room Coordinator will attempt to fulfill special requirements if practical.
3. Vendor positioning in the room is at the sole discretion of I-CON.
4. In no event will I-Con be liable for any loss of equipment, revenues, or other indirect damages however caused.
5. Please be aware that the acceptance of this reservation form and payment shall not constitute a contract until a DEALER'S FINAL CONFIRMATION LETTER is mailed to vendor by ICON Science Fiction, Inc.
6. All tables must be paid in full prior to I-CON 31. Tables not paid in full will rise in price as per the schedule below.
7. There will be no transfer of tables without the approval of I-CON.
8. Payment for reserved backer tables or extra chairs will be accepted in advance.

Corporate Booths:

Our Corporate Booths are 10x10 booths that provide the dealer additional space, and include pipe and drape partitions between neighboring vendors. Multiple adjacent booths can be purchased together to give the vendor a larger, ideal space to showcase their merchandise. (Naturally, divisions between those spaces would be removed). ***There are a limited number of corporate booths available.*** Please inquire about availability if you wish to purchase a corporate booth at dealers@iconsf.org

Pricing Structure:

For I-CON 31 there will be a \$50 Administrative Fee per vendor.

The University has imposed an increased Vender Permit Fee for 2012, raising the Vendor Fee from \$35 to \$90. ICON has been covering the \$35 fee until now, however in order to keep the price per table down we have instituted a per vendor fee to help cover these costs. A letter from the University verifying this increase is available upon request.

	Dealer's Table	Corporate Booth
At I-CON 30	\$300	\$500
Until 11/30/11	\$340	\$540
12/1/10 - 1/15/12	\$360	\$560
After 1/15/12	\$380	\$580

6 ft Backer tables: \$20

8 ft Backer Tables: \$25

Additional Chairs: \$3 ea (2 are already included per table)

If you have any questions, please contact the Dealer's Coordinator at: dealers@iconsf.org

Email: Dealers@iconsf.org

Website: <http://www.iconsf.org>

Phone/Fax: 631-382-8297



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Dealer Reservation Form



Date: ___/___/___

IDX:

Dealer Number:

Location:

Company/Business Information	Dealer's Personal Contact Information
Name:	Contact Name:
Address:	Address:
Address:	Address:
City, State, Zip	City, State, Zip:
Phone:	Phone:
Best Time to Call:	E-mail:
Website:	Preferred Method of Contact: (Telephone, Email, USPS)

NYS Tax ID#

Please provide a copy of your NYS Sales Tax Certificate no later than March 1, 2012

Number of Tables/Booths Requested: _____	Do you absolutely need a wall?(Y/N): _____
Any special electrical needs? Position Requests? Special Considerations?	
# Backer Tables: 6ft(\$20) _____ 8ft(\$25) _____	Additional Chairs (\$2) _____ (2 already included per table)
How many conventions do you attend per year?	

Brief description/list of what your company sells:
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I-CON Use Only:

# Positions:	Price Per:	+\$50 Administraive Fee	TOTAL DUE:
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Please note: unpaid positions will increase in price as per the pricing schedule.

Date	Cash/Check/VPOS	Amount Paid	Balance



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Dealer's Credit Card Authorization



Company Name:	
Name on Credit Card:	
Cardholder Billing Address:	
Phone Number:	
Email Address:	



Amount: \$		Card Number:		
Type of Card:		Expiration Date:		CCV:
Signature:				Date:

Please return this form to: I-Con 31, 20 Peachtree Court Ste 103J, Holbrook, NY 11741-4616, Attn: Dealer's room