

before **4:00 PM**, February 11.

8. All questions that may arise concerning ALAPEX 2007 not covered by these rules and regulations will be decided by the committee. Its decisions are final.

Birmingham Philatelic Society, Since 1930
APS Chapter 485

Telephone contact: (205) 979-5907 or E-Mail CEIIFICAN@AOL.COM Charles Ingram, Show/Exhibit Chairman

ALAPEX 2007 Exhibit Entry Application

ALAPEX 2006

P.O. Box 531330

Birmingham, Alabama 35253

Please enter the following exhibit in ALAPEX 2007 subject to the rules and regulations, which I have read and agree to:

Title and description of the exhibit (for program use):

Note: Please submit a copy of your title page and/or a synopsis. This will guide the exhibit committee in its selections and will be sent to the judges.

I will bring my exhibit with me, check in with the exhibit committee at 8:00 AM, Saturday, February 10, 2007 and mount my exhibit.

I will send my exhibit to the exhibit committee at the address above so it will arrive not earlier than February 4 and not later than February 8, 2007.

I understand that my exhibit will be returned insured, parcel post unless I give

other instructions. Valuation to use for return of my exhibit is \$_____.

(Enclose sufficient funds for the return of your exhibit, excess funds will be refunded.)

ANY EXHIBIT RECEIVED UN-INSURED WILL NOT BE INSURED WHEN RETURNED.

Special instructions:

() I will pick up my exhibit at **4:00 PM**, Sunday, February 11, 2007.

Please reserve _____ frames for me at **\$9.00** per 16 page frame. Enclosed is the frame fee of \$_____ and \$_____ for return postage. Make checks payable to Birmingham Philatelic Society.

I am a member of the following Societies: APS#_____, Other#_____, Other_____.

I am a first time exhibitor yes no . I am a junior exhibitor, age _____.

I understand that I will be responsible for insuring my exhibit and that I will not hold the Birmingham Philatelic Society, its members, the Bessemer Civic Center or its employees responsible for any loss or damage to my exhibit.

PLEASE FILL OUT THE INFORMATION BELOW AND SEND IT IN WITH YOUR ENTRY FORM. THANKS

Name (Print)_____

Address_____

City_____State_____ZIP_____

Phone () _____

Signature_____Date_____
