



O Scale West & S West

2018
May 24-26, 2018
Registration Form

Web Site

General Information

Where	Hyatt Regency Hotel	5101 Great America Parkway Santa Clara, CA 95054-1118 (San Francisco Bay Area)
When & Time	May 24, 2018 (Thursday)	Exhibitor / Dealer Set Up
	May 25-26, 2018 (Friday & Saturday)	General Admission 9 AM - 5 PM Sat
Hotel Reservations	Best Available Room Rates Are At www.oscalewest.com If calling the hotel ask for the O Scale West group rate	Hotel Registration - 800-421-1442 Hotel Switchboard - 408-200-1234 Room Rate - \$140.00 + Tax Rate firm until May 10, 2018
OSW Website	www.oscalewest.com	Contains all the details

Activities

200 Trading Tables – Clinics – Videos – Contest – Auction
 O & S scale modular layouts will be in the exhibit hall
 About 30 - O, S & HO scale home and club layouts will be open for visiting
 Some layouts are several hours' drive from the hotel site.

Admission & Table Rental Fees

Registration	- If postmarked prior to	\$35.00
	If postmarked after – April 25, 2018	\$40.00
	Saturday only – Walk up (no pre-registration) (Includes spouse and children under 18, related or not)	\$25.00
Table Rental (each)	- If postmarked prior to	\$45.00
	If postmarked after – April 25, 2018	\$50.00
	Table size 30" x 72" Electrical hook-ups (Registration required in order to rent tables)	Free

Schedule of Activities

Thursday	May 24	Register, move in and set up, videos, clinics and layout visits.
Fri & Sat	May 25-26	Register, sales, exhibits, contest, auction, clinics and layout visits.
Sun & Mon	May 27-28	Some layouts are several hours' drive from the hotel site.

Registration form is on opposite side of this sheet



O Scale West & S West

Business Office - 876 Boyce Avenue
Palo Alto CA 94301-3003 - 650-218-5752
e-mail: info@oscalewest.com

2018
May 24-26, 2018
Registration Form
Web Site

Please Read These Instructions First

1. Table renters and helpers must pre-register.
2. Table location floor plan will be sent in mid-April.
3. The registration form can be downloaded from the website, filled in on the screen and printed.
4. To avoid money order expense foreign attendees may pre-register without payment, then pay at the Registration Desk.
5. If prices change, reconciliation will be made at the OSW Registration Desk. See website for current price information.
6. Confirmation of pre-registration will only be e-mailed. Otherwise call Rod Miller at 650-218-5752.
7. Special requests cutoff date is **April 25, 2018**.
8. Registrations received after **May 17, 2018** will not be processed, the envelope can be picked up at the meet.

Commercial Name (if applicable) _____

Check one Manufacturer Dealer Hobby Shop Other

Name (Please Print Clearly) _____

Address _____

City - State - Zip _____

E-mail _____

Telephone ____ - ____ - _____ I wish to unsubscribe from your mailing list

Your primary modeling scale

O

S

HO

N

G

Other

Registration	Requirements				Fee	Total
Includes you, your spouse and all children under 18, related or not. Table helpers must register at the same time as the exhibitor in order to receive a name badge with the exhibitors name. Exhibitors must send one check for all.						
Entire Meeting	If Postmarked	Prior to	April 25, 2018	Number of Attendees	X	\$35.00
		After				\$40.00
Saturday Only	Bring payment and this form to OSW on Saturday. Do not Mail.				\$25.00	
Layout Tour Book	See web site for details			No. of Books	X	\$25.00
Exhibitor Table Rental Registration required in order to rent tables	If Postmarked	Prior to	April 25, 2018	Number of Tables	X	\$45.00
		After				\$50.00
	Table Size	30" x 72"		Check if you need electrical hook-up		<input type="checkbox"/> No Charge
Pay by check or money order in U.S. funds to O Scale West					Total	

Additional Name Badges Needed

Read Badge Policy Below

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

Name Badge Policy

Badges for spouses, and children under 18, related or not, are free. Table helpers' name badges will be in the exhibitor's registration packet, and will not be given out before the exhibitor claims their packet.

Please Do Not Write In This Space

Registration Number **2018**— _____

Postmarked by **4-25-18** Y/N _____

Check Number _____

Amount Paid _____

Changes If Any { Registration _____

{ Tables _____

{ Refund _____

{ Amount Due _____