Archon 48 Bookseller's Row Application



Oct. 3 – Oct. 5, 2025 Gateway Center, Collinsville, IL

Please fill in legibly ALL information requested on this form and send it, along with your fees (in US dollars, by check, money order, or credit card) to:

Archon 48

ATTN: Bookseller's Row P.O. Box 440332 St. Louis, MO 63144

Company or P	Pen Name:	
Legal Name: _		
Address		
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Phone	(xxx-xxx)	
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1 Six F	Foot Table Requested \$80	
YES NO Wi	ill You Require Electricity? (\$70 before Sept. 15th - \$90 after S	ept. 15th)

Authors may display ONLY their own works.

Independent publishers may display any works published under their imprint.

Bookseller's Badge (\$50 Fee)

Legal Name:	A	ge:
Badge Name:		
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Check # OR I	wish to pay by Credit Card	d
Credit cards will be accepted online card please mark the space above a credit card payments. Tables are nate have been received.	and provide an e-mail add	ress to receive the link for
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Incomplete or illegible information n	nay result in failure to rece	ive tables and/or badges.

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