Archon 48 Dealer's Registration Oct. 3 – Oct. 5, 2025 * Collinsville, IL



Please fill in legibly ALL information requested on this form. This must be turned in, along with your fees (in US dollars, by check, money order or credit card) to:

Archon 48 Dealer Room P.O. Box 440332 St. Louis, MO 63144

Business Name:		
Contact Name:	 	
Address:	 	
City:	 State: _	
Zip Code:		
Phone Number:	 	(xxx-xxx-xxxx)
E-Mail:	 	
Website:		

Provided tables are 8 feet long. Chairs are provided Table coverings and drapes are not provided but can be rented directly from the Gateway Convention Center.

All workers must have a paid Archon membership (badge). One free membership is included per application. A second membership may be purchased at the discounted rate of \$50

123	3		ble \$135, 2nd	•	,	I table \$110	
YES N	10	Will you require Electricity? (\$70 until Sept. 15th- \$90 after Sept. 15th)					
YES N	10	Will you require Wall Space?					
Тур	es of Me	erchandise?	•				
Books	_	%	Jewelry		_%	Weapons	%
Clothing		%	Games		_%	Art	%
Media	_	%	Other (be spec	cific):			

Badge #1 (Free with tables) Legal Name: Age: Badge Name: Age: Company Name: Address: City: State: Zip: Badge #2 (\$50 fee) Legal Name: Age: Badge Name: Badge Mame:

Company Name: _____

City: _____ State: ____ Zip: ____

Payment Information

I wish to pay by:		
Check #	OR	I wish to pay by Credit Card

Credit cards will be accepted online for secure processing. Those wishing to pay via credit card should mark the space above and provide an e-mail address to receive the link to enter your card information on the secure site. Tables are not considered sold until payment has been received, and paperwork is returned to Archon Registration and Dealer's Room Staff

E-Mail:		

Please use this space for any requests or descriptions that you feel will help the Dealer's Room Staff in placing your business.