

Official Entry Form

Send to: Jane Sodero, Exhibits Chair jmsodero@hotmail.com
30 Walton Drive Halifax, NS B4N 1X7

Closing Date:
1 July 2022

Please print clearly. A separate form must be used for each entry. Please review the Prospectus for Exhibitors.

Electronic applications are *strongly* encouraged - PDFs are preferred. Applications submitted without a title page, plan page, and/or synopsis page (draft form acceptable) will be declined.

Subject to acceptance by the Exhibits Committee and the conditions set forth in the Prospectus to which I agree, I wish to enter the following exhibit:

Exhibit Title:	
Description: (maximum 25 words) for inclusion in the Program:	
Number of frames required:	Number of pages in exhibit (16 pages/frame):
To be entered in the following Class/Type:	
<input type="checkbox"/> General Class <input type="checkbox"/> a. Traditional philately <input type="checkbox"/> b. Postal History <input type="checkbox"/> c. Aerophilately <input type="checkbox"/> d. Astrophilately <input type="checkbox"/> e. Postal Stationery <input type="checkbox"/> f. First Day Covers <input type="checkbox"/> g. Revenue <input type="checkbox"/> h. Advertising, Patriotic and Event Covers <input type="checkbox"/> i. Maximaphily <input type="checkbox"/> j. Display <input type="checkbox"/> k. Cinderella <input type="checkbox"/> l. Thematic	<input type="checkbox"/> General Class (cont'd) <input type="checkbox"/> m. Picture Postcards <input type="checkbox"/> n. Topical <input type="checkbox"/> o. Experimental <input type="checkbox"/> One-Frame Class <input type="checkbox"/> Youth Class Birth Date _____ (dd/mm/yyyy) <input type="checkbox"/> Exhibitor below age 13 <input type="checkbox"/> Exhibitor aged 13-15 years <input type="checkbox"/> Exhibitor aged 16-18 years <input type="checkbox"/> Exhibitor aged 19-21 years <input type="checkbox"/> Non-competitive Class
Are you a first time National show exhibitor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this a new exhibit? <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, awards previously won by this Exhibit: (Name of the Exhibition, year and award level)	
1.	
2.	
3.	

DELIVERY OF EXHIBIT <input type="checkbox"/> In-person <input type="checkbox"/> Mail or other courier (specify below) <input type="checkbox"/> By my agent (name below)	PICK-UP OF EXHIBIT <input type="checkbox"/> In-person <input type="checkbox"/> Mail or other courier (specify below) <input type="checkbox"/> By my agent (name below)
Name of Agent: _____	
SHIPPING INSTRUCTIONS: If the exhibit is to be returned by mail/courier, please indicate service desired. (self-addressed adhesive labels are required)	
<input type="checkbox"/> Priority Mail <input type="checkbox"/> Insured Mail <input type="checkbox"/> Registered Mail	<input type="checkbox"/> Other courier (please specify): _____
<p>I understand that I will be responsible for insuring my Exhibit and will not hold the Nova Scotia Stamp Club; The East Dartmouth Community Centre (Halifax Regional Municipality), the Royal Philatelic Society of Canada nor any of their volunteers, members, officers or employees liable for any loss or damage to the exhibit(s) while being held, exhibited or returned.</p> <p>I agree to the terms of the "Exhibitor Rules" and confirm that this exhibit is my sole property.</p> <p>I also understand that my application to exhibit is not complete without submission of this form, my frame fees and submission of my exhibit's synopsis and Title Page and will not be considered for entry until all have been so submitted to the Exhibits Coordinator. The very limited space will be distributed first to those who have submitted all documents on time.</p>	
Date: _____ Signature: _____ Name: _____ Address: _____ City: _____ Province: _____ Postal Code _____ Telephone: Home: _____ Mobile: _____ E-mail: _____	
Memberships: <i>Note: This information is required to determine eligibility for certain awards.</i> <input type="checkbox"/> RPSC <input type="checkbox"/> APS <input type="checkbox"/> BNAPS <input type="checkbox"/> PHSC <input type="checkbox"/> AAPE <input type="checkbox"/> Philatelic Specialists Society of Canada <input type="checkbox"/> Nova Scotia Stamp Club <input type="checkbox"/> Canadian Aerophilatelic Society <input type="checkbox"/> American Topical Association <input type="checkbox"/> Other Philatelic Organizations (specify): _____	

Payment:	
General classes _____ frames \$23 each	\$
One-Frame exhibit \$34 total	\$
Youth class _____ frames NO CHARGE	\$ 0.00
Return postage for exhibit (if required)	\$
Handling charge for return of exhibit (if required)	\$
Donation to help fund NOVAPEX (Thank you)	\$
Banquet (Saturday Evening) \$30 per _____ person	\$
Choices: _____ Turkey or _____ Salmon _____ Apple or _____ Blueberry Pie	
TOTAL:	\$
Mode of Payment <input type="checkbox"/> cheque payable to Nova Scotia Stamp Club (Canadian \$ only please) <input type="checkbox"/> e-transfer to jmsodero@hotmail.com	