**AVSA Exhibit Entry Form**

EXHIBITORS: DO NOT WRITE IN GRAY AREAS — FOR CLASSIFICATION COMMITTEE ONLY

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| EXHIBITOR’S NAME | | |  | MEMBERHIP ID # | EXHIBITOR # | INITIALS | |
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| EXHIBITOR’S CITY AND STATE/PROVINCE | | |  |  |  |  | |
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| CLASS | |  | NAME OF EXHIBIT | |  | DON’T  WATER  ✓ | NOT IN  AVML  ✓ |
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EXHIBITOR’S SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_