**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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_