



Gun & Knife Show Dealer Registration

(For Table Reservations complete, sign and return this form with payment)

Show Location/Date: _____

Company Name: _____

Name: _____

Address: _____

City: _____

State/Zip: _____

Phone #: _____

E-mail: _____

Special Request/Needs: _____

Type of Merchandise: _____

Please reserve _____ tables @ \$65 each. Total enclosed: \$ _____

South Carolina Retail Sales License # _____

Reminder: All vendors participating in South Carolina Gun Shows must have a valid South Carolina Sales License or be prepared to purchase one at the show for a one-time fee of \$50.00.

Signature: _____

(By signing, exhibitor agrees to abide by show rules as outlined on MKShows.com.)

Make check payable & mail to:
Mike Kent and Associates, LLC
PO Box 685
Monroe, GA 30655

Dealer setup: Friday 10-7, Sat. 7-9
Public hours: Sat. 9-5, Sun. 10-4
Phone: 770-630-7296
Email: Mike@MKShows.com