

**2012 Advance Reservation
February 10-12, 2012**

Orlando HamCation®
P.O. Box 547811
Orlando, FL 32854-7811
www.hamcation.com

Date: ____/____/201__

Name: _____ Call: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

E-Mail Address: (print) _____

Please reserve the following for 2012 Orlando HamCation:

Balance due must be **paid in full before November 1, 2012** to guarantee reserved tables.

Swap tables _____ @\$45.00 each, Deposit _____ Paid in Full _____

Tailgate _____ @\$35.00 Deposit _____ Paid in Full _____

RV _____ nights @ \$25.00 per night Deposit _____ Paid in Full _____
(Price subject to change)

RV arrival day _____

Tickets _____ \$10.00 each Deposit _____ Paid in Full _____
Tickets purchased at gate, will be higher.

Paid _____ check/ cash Receipt # _____

Date _____