

# O SCALE WEST

## Nineteenth Annual San Francisco Bay Area Meet

**January 29 - 31, 2009**  
**Hyatt Regency Santa Clara**  
**5101 Great America Parkway**  
**Santa Clara, CA 95054**  
**Reservations: 800-233-1234**  
**Hotel Switchboard: 408-200-1234**  
**Hotel Fax: 408-980-3939**

Full S scale participation.

200 Tables, Clinics, Videos, Door Prizes, Meet Car, Contests,  
O and S Scale Modular Layouts on Site, O and S Scale Layout Visits

*30 O and S Scale Home and Club Layouts Open*

Admission: **\$25** if registration is postmarked by December 31, 2008, *\$30 if postmarked after December 31, 2008*, registration includes spouse and children under 18

Table Rentals: **Each table is \$35** if registration is postmarked by December 31, 2008, *\$45 if postmarked after December 31, 2008*, electrical hook-ups are free

Registration form is on the other side of this sheet

January 29: register, set up, layout visits, videos, clinics  
January 30-31: register, sales/exhibits, contests, layouts, clinics  
February 1: layout visits\*

\* Some layouts are several hours drive from Santa Clara.

# O SCALE WEST January 30-31, 2009 REGISTRATION FORM

O Scale West, 876 Boyce Avenue, Palo Alto, CA 94301-3003

650-329-0424, fax 650-329-0423, e-mail: see www.oscalewest.com

## **Please Read This Fine Print First!**

1. It is not necessary to pre-register unless you are renting a table. People not renting a table can register at the meet.
2. Please fill all the blanks that are applicable to you.
3. Please make checks payable in U.S. funds to O Scale West.
4. Foreign visitors to O Scale West who wish to pre-register do not need to send payment with their registration, thus avoiding the expense of an international money order for a small amount.
5. Unpaid, underpaid, and overpaid registration fees will be handled in Registration when you claim your packet.
6. For advance registration send your payment and this form to the O Scale West mailing address shown above. Pre-registrations received after January 15, 2009 **will not be processed** and can be claimed at meet registration.
7. For walk-up registration at the meet, complete this form and bring it with you, or pick up and complete a form at the meet.
8. Confirmations are e-mailed if a working e-mail address is provided. Please do not enclose an LSSAE for confirmation; instead call Rod Miller at 650-329-0424. Table renters will receive a packet in early January that includes a map showing the location of their table(s).

## **Special Requests (it may not be possible to satisfy requests received after January 1):**

### **Registration Fee (\$25, \$30 after December 31, 2008)**

\$ \_\_\_\_\_

Includes you, your spouse, children under 18, associate membership in O Scale West (OSW), a one year subscription to the OSW Newsletter, and one registration packet

### **Table Rental (\$35 each, \$45 after December 31, 2008)**

(please fill in the blank) \_\_\_\_\_ tables @ \$35 each, \$45 after 12/31/07

\$ \_\_\_\_\_

**Important:** Tables require advance registration. Model railroader helpers who are not your spouse or children must register separately from your registration. Table rental does not include registration fee.

### **Total Amount Enclosed**

\$ \_\_\_\_\_

### **Commercial Name (if applicable):**

Check one:  Manufacturer  Dealer  Hobby Shop  Other

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Please print clearly

State \_\_\_\_\_

ZIP \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Please print clearly

Please indicate your primary modeling scale: 1/48 \_\_\_\_\_ 1/64 \_\_\_\_\_ Other \_\_\_\_\_

Name badges you will need other than your own (be sure to read the badge policy below):

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Badge Policy: Badges for spouses and children under 18 related or not are free.

Table helpers listed above must register separately. They can obtain an exhibitor badge with your commercial name on it in exchange for the badge from their separate registration. Thank you.

Office Use Only

Registration Number

**2009 -**

Postmark Date

Amount Paid

Check Number

If Any, Reg. Amount Change and Why

If Any, Tables Amount Change and Why

If Any, Refund(-) or Amount Due

Office Use Only

Confirmation e-mailed:

Oct. N/L