

26th ANNUAL MYSTIC SEAPORT ANTIQUE MARINE ENGINE EXPOSITION ---- AUGUST 19th & 20th, 2017

The Expo is open to pre-1963 marine engines / all steamers / all models

EXHIBITOR and EXHIBIT INFORMATION FORM

Exhibitor Name _____ Spouse _____ # Extra family members _____

Name on your name tag _____ Name(s) on display card(s) _____

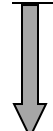
Street _____ City _____ State _____ Zip _____

Phone (Day) _____ (Eve) _____ (Cell) _____

E-Mail Address _____ **May we use Email for follow-up?** (YES) ____ (NO) ____

If you have a boat, please provide boat details on back of this form and indicate which engine is in the boat

Below, please indicate exhibit category: (I) Inboard (O) Outboard (S) Steam (M) Model (no age restrictions on steam or models)



Please check fuel type: () Coal or Wood () Gasoline () Diesel () Electric () Other _____

Manufacturer	Make Name	Model	Place of Manufacture	Year	#Cyl	HP	Serial No.

Power requirements (Steam/air/electric) _____ Additional Info _____

Please mail to: **Antique Marine Engine Exposition**
Mystic Seaport Museum
P.O. Box 6000
Mystic, CT 06355-0990

Or Fax to: 860-572-5344
Or Email to: engineshow@mysticseaport.org (don't forget to attach registration form)

Boat information, donations and Swap Table reservations on reverse side

Boat Information: Please provide any information and comments you would like on your boat display card.

Name of Boat _____ Length _____ Design/Type _____

Year built _____ Builder _____ Where built _____

Construction Materials _____

Additional and/or unique info for your boat display card: _____

Will you launch? YES () NO () Do you need launching assistance? YES () NO ()

Saturday evening:

Are you interested in an informal get-together like last year's pizza party? YES () NO ()

Contributions & Swap Tables Reservations

Tax Deductible Contribution to the Mystic Seaport Antique Marine Engine Exposition \$ _____

Swap / Sales Table Reservation:

Number of tables you require: _____ @ \$20.00 each \$ _____

Please make checks payable to: **Mystic Seaport**

Total amount enclosed \$ _____

Credit Card: ()VISA ()MasterCard ()AMEX ()Discover Card No. _____ Exp Date: _____

Name on Credit card _____ Signature: _____ Date: _____

Please print

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