



**2019 PIPE SMOKERS' GATHERING AT
SUTLIFF TOBACCO IN CONJUNCTION WITH THE CORPS
*Exhibitor Tables & Membership Form***

TABLE RESERVATION

Name: _____

Address: _____

City: _____ State: _____

Zip Code: _____

Phone: _____

Email: _____

PLEASE RESERVE _____ EXHIBITOR TABLES FOR ME (\$100 each) \$ _____

+ \$2.00 per table (*only if paying via PayPal* ‡) \$ _____

CORPS MEMBERSHIP (optional)

PLEASE JOIN/RENEW MY CORPS MEMBERSHIP FOR 2019-2020 (\$15.00) \$ _____

TOTAL REMITTANCE

TOTAL AMOUNT SENT/ENCLOSED \$ _____

If paying via check, please make payable to **CORPS**

‡ Our PayPal address is: contact@conclaveofrichmondpipesmokers.org

Questions - email us at: contact@conclaveofrichmondpipesmokers.org

Our mailing address is:

CORPS

P.O. Box 2463

Chesterfield, VA 23832