



2026 SN3 SYMPOSIUM

April 22, 23, 24, & 25 Denver, Colorado

Sn3Symposium.com 2026Sn3Symposium@gmail.com

VENDOR REGISTRATION FORM

Attendees: Please use Attendee Form

Regular Fare - \$90.00

Extra Table - \$25.00

First Name: _____ Last Name: _____

Helper First Name: _____ Helper Last Name: _____

Name on Your Badge: _____ Name on Helper's Badge: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell (opt): _____

Company Name: _____

Website: _____

Email: _____

Your email address will not be shared or displayed in mass emails

Total your registration and any additional (please note below) \$ _____

Make Payment out to: Jim Eaman - Registrar

Send Payment to: Sn3 Symposium
% Jim Eaman
1355 Nissen Court
Broomfield, CO. 80020

You get one 6 foot table with your registration. additional tables are \$25.00 each.

How many additional tables do you want? ☐ one table ☐ two tables ☐ more

Would you be willing to donate a raffle prize?

I am interested in a swap meet table: ☐ Yes ☐ No

I want to buy a Symposium hat: ☐ Yes ☐ No Size: _____

Must be ordered and paid for by April 1, 2026.. Price is US\$20.00 per hat

I will be bringing a contest or display entry: ☐ Yes ☐ No

I would like to join an operating session: ☐ Yes ☐ No

Space is limited and will be allocated on a first requested basis.

Office use only: Badge Number: _____ / _____ 

Form Received: _____ Payment Received: _____