



NAME

National Association of Miniature Enthusiasts

Houseparty/Convention Application Form

Hosting City/State _____ Region _____

Dates of Houseparty/Convention _____

Proposed Hosting Chairman _____

Telephone _____ E-mail _____

Street _____ City/State/Zip _____

Please tell us about your previous NAME involvement and other organizational experience (use separate sheet).

Proposed Assistant Chairman _____

Telephone _____ E-mail _____

Street _____ City/State/Zip _____

Previous NAME involvement and other organizational experience (use separate sheet).

Why do you want to host a Houseparty or Convention? _____

Registration Number Requested _____

Possible Theme _____

Possible Souvenirs _____

How important do you feel souvenirs are in the overall impact of a Houseparty? _____

Possible Centerpiece _____

How do you plan to carry out your theme? _____

Are you planning to have a Thurs. Evening Workshop? _____

If yes, how will it relate to your theme? _____

Are you considering any new ideas or special activities? _____

What factors do you feel are going to make your Houseparty a success? _____

What scales do you hope to have represented? _____

Certain Steering Committee positions are vital to a Houseparty and should be in place before applying for a Houseparty. These include: Operations, Workshops, Sales Room and Houseparty Helpers. Who do you have for these committee chairmanships?

What other Steering Committee members do you have? _____

How are you planning on involving clubs and members in your area? _____

How will you solicit workshops, dealers, theme luncheons? _____

What hotels are in your area? _____

How far is the closest major airport? _____

Area Tourist Attractions _____

Following the rules and guidelines in the Houseparty Manual is imperative.

Will you be able to do this? _____

How will you help your Committee to follow them? _____

Do you have any questions? _____

Previous Houseparties in Region:

Date _____ City/State/Zip _____ Registration Full ___ Yes ___ No

Date _____ City/State/Zip _____ Registration Full ___ Yes ___ No

Date _____ City/State/Zip _____ Registration Full ___ Yes ___ No

Date _____ Signed _____
Applicant

Date _____ Signed _____
Regional Coordinator

Date _____ Signed _____
NAME Board of Trustees Houseparty Liaison