



Display Only & Blast From The Past Master Model Form



2019 IPMS/USA National Convention
Chattanooga, TN

Membership Type					IPMS/REG No.*	
<input type="checkbox"/>	Pre-Teen	<input type="checkbox"/>	(12 and under)	<input type="checkbox"/>	Family	
Adult or Life Member	Teen	<input type="checkbox"/>	(13 through 17)	Age: _____	Quantity _____	
First Name			M.I.	Last Name		Suffix
Display Number D - IPMS# - XXX	Display Only	Blast from the Past	Kit Manufacturer or Scratch-Built	Subject		
D -	- 001	<input type="checkbox"/>	<input type="checkbox"/>			
D -	- 002	<input type="checkbox"/>	<input type="checkbox"/>			
D -	- 003	<input type="checkbox"/>	<input type="checkbox"/>			
D -	- 004	<input type="checkbox"/>	<input type="checkbox"/>			
D -	- 005	<input type="checkbox"/>	<input type="checkbox"/>			
D -	- 006	<input type="checkbox"/>	<input type="checkbox"/>			
D -	- 007	<input type="checkbox"/>	<input type="checkbox"/>			
D -	- 008	<input type="checkbox"/>	<input type="checkbox"/>			
D -	- 009	<input type="checkbox"/>	<input type="checkbox"/>			
D -	- 010	<input type="checkbox"/>	<input type="checkbox"/>			
D -	- 011	<input type="checkbox"/>	<input type="checkbox"/>			
D -	- 012	<input type="checkbox"/>	<input type="checkbox"/>			
D -	- 013	<input type="checkbox"/>	<input type="checkbox"/>			
D -	- 014	<input type="checkbox"/>	<input type="checkbox"/>			
D -	- 015	<input type="checkbox"/>	<input type="checkbox"/>			
REGULAR CONTEST CATEGORY ENTRIES DO NOT USE THIS FORM						

Notes:

* Your IPMS Number is Your Registration Number

IPMS/REG No.*



Display Number D - IPMS# - XXX			Display Only	Blast from the Past	Kit Manufacturer or Scratch-Built	Subject
D -		- 016	<input type="checkbox"/>	<input type="checkbox"/>		
D -		- 017	<input type="checkbox"/>	<input type="checkbox"/>		
D -		- 018	<input type="checkbox"/>	<input type="checkbox"/>		
D -		- 019	<input type="checkbox"/>	<input type="checkbox"/>		
D -		- 020	<input type="checkbox"/>	<input type="checkbox"/>		
D -		- 021	<input type="checkbox"/>	<input type="checkbox"/>		
D -		- 022	<input type="checkbox"/>	<input type="checkbox"/>		
D -		- 023	<input type="checkbox"/>	<input type="checkbox"/>		
D -		- 024	<input type="checkbox"/>	<input type="checkbox"/>		
D -		- 025	<input type="checkbox"/>	<input type="checkbox"/>		
D -		- 026	<input type="checkbox"/>	<input type="checkbox"/>		
D -		- 027	<input type="checkbox"/>	<input type="checkbox"/>		
D -		- 029	<input type="checkbox"/>	<input type="checkbox"/>		
D -		- 030	<input type="checkbox"/>	<input type="checkbox"/>		
D -		- 031	<input type="checkbox"/>	<input type="checkbox"/>		
D -		- 032	<input type="checkbox"/>	<input type="checkbox"/>		
D -		- 033	<input type="checkbox"/>	<input type="checkbox"/>		
D -		- 034	<input type="checkbox"/>	<input type="checkbox"/>		
D -		- 035				
REGULAR CONTEST CATEGORY ENTRIES DO NOT USE THIS FORM						

If more than 35 add additional pages as needed