|  |  |
| --- | --- |
| Exhibitor: |  |
| Contact Person: |  |
| Address |  |
| City, State, Zip |  |
| Phone |  |
| E-mail |  |

# **EXHIBITOR APPLICATION FORM**

## **151st Diocesan Convention: On the Way of Love**

***Form is due Tuesday, October 1, 2019.*** *Please note that you must also register at cnyepiscopal.org/convention if you wish to have meals during Convention.*

Purpose and theme of exhibit (include samples of materials to be exhibited, distributed or sold):

*Exhibitors preparing souvenirs exclusively for Convention must detail the item(s) to be sold along with the selling price and receive permission from the Convention Office to avoid duplication of items.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Do you require electricity? | | Yes |  |  | No |  | |
| Please choose one: | Information-only exhibit | | | | | |  | |  |  |  |
|  | Staffed exhibit | | | | | |  | |  | Name of staff person: |  |

**Payment**

*Exhibitors must reserve at least one table (2’x6’) per exhibit at a cost of $10 per table.*

I understand and agree to the terms in the information sheet & guidelines. I have enclosed

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| $ |  | to reserve | # |  | tables for exhibiting purposes. |

*In the event that this application is denied, the Diocese of Central New York will return the money. The table fee is not refundable after November 1, 2019.*

|  |  |
| --- | --- |
| Applicant’s Signature: |  |

|  |  |
| --- | --- |
| Mail this form with payment by October 1st to: | Secretary of Convention/ Exhibits  Diocese of Central New York  1020 7th North Street, Suite 200  Liverpool, NY 13088  Phone: (315) 474-6596 |

*Please make checks payable to the Diocese of CNY.*