



THE EPISCOPAL DIOCESE OF WESTERN MASSACHUSETTS
EXHIBITORS REGISTRATION

Marriott Hotel Springfield, Massachusetts
October 28, 2017

Exhibit Title: _____

Contact Person: _____ **Contact Phone #** _____

Contact Email Address: _____

(Please check all that apply. We will make every effort to fulfill your request)

Exhibit Needs ☐ **Share a Six Foot Table** ☐ **1 Six Foot Table** ☐ **2 Six Foot Tables**

☐ **Electric Outlet** ☐ **Wireless Internet**

Exhibit description (i.e. display items, pamphlets, items for sale, etc.)

*** Please note: Every person staffing your exhibit must be registered – See Page 2 of this form ***

Note: Exhibits will be open at all times
Exhibit items are left at your own risk.

Exhibitor set up begins on Saturday @ 7 AM (table coverings provided).

List of Personnel Staffing the Exhibit Table

Name	Saturday Breakfast	Saturday Lunch
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

Total Number of meals

x \$15 x \$20

Total Cost of Meal= \$ _____ \$ _____ + \$ _____

Plus Table Fee \$25.00

Total \$ _____

Note: If you have any special requirements (i.e. food allergies, vegetarian) or other needs, please indicate below along with your phone number in case you need to be contacted.

***Special needs request:**