

Episcopal Diocese of Georgia
196th Diocesan Convention
The Patterson, Valdosta, Georgia
November 9-11, 2017

Exhibit Application Form

Applications must be received by October 27, 2017

ORGANIZATION: _____

Non-Profit? Yes _____ No _____

Contact Person: _____ Exhibit Staff: _____

Address: _____

Telephone : _____

E-mail: _____

Please write a brief description of your display:

REQUIREMENTS & COST: Each non-profit exhibit will be provided with an 8-foot table and 1 chair. Additional may be requested and will be supplied if space allows. Exhibit fee for for-profit organizations is \$50 for an 8-foot table and 1 chair. Additional tables at a cost of \$45 per table may be requested and will be supplied if space allows.

Display dimensions: Height _____ Width _____ Depth _____

½ table only

additional table(s). Please specify #: _____

other requirements (e.g. electrical outlet). Please specify: _____

* In addition to the exhibit cost, there is a \$10 registration fee per person for all convention attendees to help defray convention expenses.

Make check payable to "Episcopal Diocese of Georgia" and enclose with application.

* Please supply your own audio/visual equipment and electrical cords. Exhibit area will be secured overnight; however, **loss due to damage or theft of any exhibit material or equipment is the sole responsibility of the exhibitor.**

It is not permitted to tape or pin posters, etc. directly to the walls, so please supply your own poster display board, triptych, etc.

All questions and requests for space should be addressed to Anna Iredale at the diocesan office.

MAIL CHECK & FORM TO:

Anna Iredale

Diocese of Georgia

611 East Bay St, Savannah, GA 31401-1296

(912) 236-4279 / fax (912) 236-2007

Airedale@gaeepiscopal.org

Make checks payable to "The Episcopal Diocese of Georgia" and mark "For Convention Exhibit"

General Registration # of persons @ \$10 each _____

\$ _____ (# already paid _____)

For Profit/Commercial Exhibit Fee (\$50) _____

\$ _____

____ Additional Tables @ _____ each

\$ _____

TOTAL Enclosed

\$ _____

All exhibits requests are subject to approval by the Bishop

DIOCESAN OFFICE USE ONLY

Approved By: _____ Confirmation Sent: [] Date: _____

Date Received: _____ Above Fee Paid: [] Yes [] No