

The Diocese of New Jersey

Exhibitor's Registration Form

Convention 2007

Friday, March 2 – Saturday, March 3

Crowne Plaza Hotel

Cherry Hill, New Jersey

Mail, fax, e-mail or call
Mary Ann Rhoads

Diocese of New Jersey
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Trenton, NJ 08618-5326

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Organization _____

Street Address _____

City _____ State _____ Zip _____

Tel _____ Fax _____

Email _____

Names of Exhibiting Staff _____

_____ In Charge _____

IS THIS AN EPISCOPAL NON-PROFIT ORGANIZATION? YES _____ NO _____

IF, "NO", INCLUDE \$125 PER TABLE FOR TWO DAYS...MAXIMUM OF TWO TABLES, IF AVAILABLE.

APPLICATIONS SUBJECT TO ACCEPTANCE BY THE DIOCESE OF NEW JERSEY.

PLEASE MAKE CHECKS PAYABLE TO "DIOCESE OF NEW JERSEY"
Deadline is February 16, 2007

WE NEED TO BE AGAINST A WALL YES _____ NO _____
WE WILL NEED 110 VOLT POWER YES _____ NO _____ **FILL IN ATTACHED FORM**
WE WILL NEED A PHONE JACK YES _____ NO _____ **FILL IN ATTACHED FORM**

(Limited phone jacks available for usage at an additional cost...plus phone calls See attached form. PLEASE BRING EXTENSION CORDS.)

NOTE:

A COPY OF YOUR INSURANCE CERTIFICATE MUST BE INCLUDED WITH THIS APPLICATION. ONLY DIOCESAN ORGANIZATIONS ARE EXEMPT AND COVERED BY DIOCESAN INSURANCE. SUBMIT ALL MATERIALS BY FEBRUARY 16, 2007.

SET-UP: Thursday 3-1-07 8-10 p.m.
Friday 3-2-07 7:30 a.m.

TEAR DOWN: Saturday – by 4:00 p.m.

EXHIBITION: Fri. 8:00 a.m. - 7:00 p.m.
Sat. 8:00 a.m. - 3:00 p.m.

STAFFING: Minimum 3 hrs. per day
TABLES: Standard 6ft. or as provided
by Conference Hotel

SECURITY: Your responsibility,
including overnight

INSURANCE: Required. See Note