

# Episcopal Diocese of Georgia

196<sup>th</sup> 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:

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**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@gaepiscopal.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**

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DIOCESAN OFFICE USE ONLY

Approved By: \_\_\_\_\_ Confirmation Sent: [ ] Date: \_\_\_\_\_

Date Received: \_\_\_\_\_ Above Fee Paid: [ ] Yes [ ] No