

GENERAL COUNCIL OF PASTORS AND ELDERS
CHURCH OF GOD IN CHRIST

Exhibit Space Application and Contract

Please provide the following information by either typing or printing clearly with blue or black ink, then mail to: **General Council of Pastors and Elders COGIC (4630 S. Kirkman Road #177 Orlando, FL 32811)**. Please make a personal copy for your records.

PLEASE PRINT OR TYPE

BUSINESS NAME:

CONTACT OR OWNER:

ADDRESS:

CITY:

STATE:

ZIP:

DAYTIME PHONE:

EVENING PHONE:

BRIEF DESCRIPTION OR PRODUCT OR SERVICES:

Email Address: _____

**Exhibitor Terms and Conditions for participating in the 2009
General Council of Pastors and Elders Conference**

EXHIBIT SPACE PRICES

General Exhibit Space: \$1000

SPECIAL BOOTH REQUEST

(Assignment based on availability and complete payment verification) Request for a corner space (limited and not guaranteed). Request for booth assignment near/next to another exhibitor. (Must list business name and contact name of other party; as well, full payment must be received from both parties for this consideration).

PAYMENT SPECIFICATIONS

A **MINIMUM DEPOSIT OF 50% FOR TOTAL COST OF SPACE REQUESTED MUST ACCOMPANY SIGNED CONTRACT TO RECEIVE A TENTATIVE BOOTH ASSIGNMENT. CONFIRMED BOOTH NUMBERS WILL BE GIVEN ONLY TO THOSE PAID IN FULL ON OR BEFORE July 30th.** ACCEPTABLE METHODS OR PAYMENT ARE: CERTIFIED CHECK, MONEY ORDER, AND MASTER CARD OR VISA. **NO PERSONAL CHECKS ACCEPTED.** AFTER July 30th, THE ONLY ACCEPTABLE METHOD OF PAYMENT IS ON-SITE with **CASH** or **CERTIFIED CHECK!!**

EXHIBIT SPACE CONTENTS

10' X 10' space with one skirted 8' table, two chairs, and an identification sign.

POLICIES AND GUIDELINES

Exhibitors must agree to GCPE Exhibitor Policies and Guidelines, before moving into assigned spaces.

CANCELLATIONS

If exhibitor cancels participation, any request for refunds must be in writing to the above, and received prior to beginning the Convention. **THE MINIMUM DEPOSIT IS NONREFUNDABLE.**

ADDITIONAL FEES

Any extra service, such as electrical or telephone connection, will require an additional fee (see below). Service pre-ordered through GCPE, must be paid to GCPE. On site orders are paid to service provider. **Applications submitted on site may incur additional fees. Any changes in space assignment are subject to discretionary fees.** Exhibit is totally responsible for any and all telephone charges.

LIABILITY

Exhibitor assumes entire responsibility and hereby agrees to protect, indemnify, defend and save the Church of God in Christ, Inc. and it's employees and agents harmless against all claims, losses and damages to persons or property, charge or fines and attorney fees arising out of or caused by Exhibitor's installation, removal, maintenance, occupancy or use of the exhibition premises or a part thereof. In addition, Exhibitor acknowledges that the International GCPE Convention, Church of God in Christ, Inc. does not maintain business interruption and property damage insurance covering such losses by Exhibitor.

Signed below indicates exhibitor has read, understand, and agrees to afore mentioned terms and conditions of exhibiting at the 2009 Conference, making this a binding contract.

After completing section below, your electronic application and payment will be processed by the GCPE Exhibitor Coordinator and a confirmation will be electronically emailed to each applicant.

Signature: _____ Date: _____

Print Name: _____ Title: _____

Business Name: _____ Number of Space Requested: _____

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PAYMENT SUMMARY (Please select payment options below to confirm payment amount enclosed).

METHOD OF PAYMENT

_____ Certified Check _____ Money Order _____ Credit Card

Additional Fees may apply: Contact Exhibitor Coordinator for service fees

<u>SERVICES</u>	<u>TOTAL PAYMENT DUE</u>	<u>REQUESTED</u>
<input type="checkbox"/> Electrical Connection (500 watt):		Total Rental Fees: _____
<input type="checkbox"/> Local Telephone Connection:		Electrical Fee: _____
<input type="checkbox"/> Modem Line Connection:		Telephone Fee: _____
	Total Payment Due \$	_____
	Deposit Paid \$	_____
	Balance Due \$	_____

CREDIT CARD INFORMATION

Card Number: _____ /EXP _____

Signature for Credit Card Holder: _____

For additional information contact: info@cogicpastorsandelders.org

Date verified: _____	Receipt #: _____
Space #: _____	