# EXHIBIT SPACE APPLICATION/CONTRACT

## 2010 International Assembly, Greensboro, NC July 27-31, 2010

It is understood, that this Application, which will become a Contract upon acceptance by the Church of God of Prophecy, is based upon rates, terms and conditions, which constitute a part of, or are included in this Application/Contract. The Church of God of Prophecy is hereby authorized to reserve exhibit space for use of the undersigned.

Products and/or services to be exhibited (describe in detail, failure to do so will delay your application):

_____

_____

_____

_____

We will O will not O have items for sale—list on back of sheet.

If you have not exhibited at a previous International Assembly please provide us with two business references. If you have done business with a Church of God of Prophecy regional office, church, or pastor, please include that information as well.

Name _____

Address_____

City, State, Zip _____

_____

Daytime Phone (_____) _____

Name_____

Address_____

City, State, Zip _____

_____

Daytime Phone (_____) _____

Exhibitor_____

Address_____

City_____

State_____ Zip _____

E-mail _____

Authorized by (please print and include title):

_____

Contact Person_____

E-mail address_____

Daytime Phone (_____)_____

Fax (_____) _____

Cell Phone (_____) _____

Signature_____

Total Booth Price_____

Payment Enclosed_____

Booth identification sign to read as follows:

(Name)_____

(City)_____ (State)_____

*(Limit: Two lines of copy, 44 characters max. per line.)*

Fax or mail this Application, Payment Information, and Exhibitor Registration Form to: **White Wing Publishing House**
**Attn: Diann Stewart, Exhibits Coordinator**
**PO Box 3000**
**Cleveland, TN 37320-3000**
Phone: (423) 559-5432 Fax: (423) 559-5438
E-mail: COGOPExhibits@cogop.org

**FOR OFFICE USE ONLY**

Date Received _____
Total Booth Price _____
Payment Type_____ Rec'd _____
Date Confirmed _____
Booth (s) Assigned _____

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You must use a Credit Card or check to purchase booth space(s).

Billing Information: Name on credit card _____
PO Box _____
Address _____
City _____ State _____ Zip_____

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Exp. Date ____ Month / Year Security Code _____ *(located on back of card)*

VISA O MasterCard O AMERICAN EXPRESS O DISCOVER NETWORK O

Signature_____