



EXHIBITOR REGISTRATION FORM

Church of God of Prophecy, 2012 International Assembly
Louisville, Kentucky Exhibit dates: July 25-28, 2012

FOR OFFICE USE ONLY	
Date Received	_____
Total Received	_____
Payment Type	_____
Booth Number	_____

INSTRUCTIONS
Please print with black pen or type to mail or fax.

On-line registration available at <http://cogop.org/exhibitorinfo.html>.

Mail or fax information:
WHITE WING PUBLISHING HOUSE
Attn: Diann Stewart
PO Box 3000
Cleveland, TN 37320-3000
423-559-5438 (fax)
Payment should include cost of additional nametags.

Name _____

Title _____

Company Name _____

Company Address _____

City _____ State _____ Zip _____

Daytime Telephone Number (_____) _____

Cell Phone Number (_____) _____

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Company Representative Authorized Signature:

1	FIRST REGISTRANT	Name
	(Complimentary, Non-transferable) Information to be printed on badge. Enter only one name.	<input type="text"/>
2	SECOND REGISTRANT	Name
	(Complimentary, Non-transferable) Information to be printed on badge. Enter only one name.	<input type="text"/>
3	THIRD REGISTRANT	Name
	(\$5.00 charge, Non-transferable) Information to be printed on badge. Enter only one name.	<input type="text"/>
4	FOURTH REGISTRANT	Name
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