



EXHIBIT SPACE APPLICATION/CONTRACT

2012 International Assembly, Louisville, Kentucky July 25-28

Register On-Line, by Mail or Fax

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 will not have items for sale—if yes, list type of items.

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: name and title (if sending by fax or mail, 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 _____

Number of Booths Registered _____

Total Booth Price _____

Payment Type Check Credit Card

Date Confirmed _____

Booth (s) Assigned _____

If registering on-line you must provide credit card information. If registering by mail or fax you may use a Credit Card or check to purchase booth space(s).

Billing Information: Name on credit card _____

PO Box _____

Address _____

City _____ State _____ Zip _____

Exp. Date

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Month / Year

Security Code _____

(located on back of card)



Signature _____