

Event Date: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

**NO READY TO EAT FOOD IS PERMITTED**

Exhibitor Registration & Payment Form

**Register by - - - - - - -**

**Today’s Date**

**Service or Product to be displayed**

**Name Organization**

**Contact Person**

**Business Address**

**City**

**State/Province**

**Zip/Postal Code**

**Country**

**Phone**

**Email**

**Your Organization or Company is: (Choose one)**

**Seventh-day Adventist \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Non Affiliated**

|  |  |  |  |
| --- | --- | --- | --- |
| **Exhibitor Registration** | **Price** | **Space** | **Total** |
| **Type of Exhibitor Out-door Space** | **$80** | **x** |  |
| **Exhibitor: NGOs ( ) NPOs ( ) Gov. ( ) Business ( )** |  |  |  |

**Payment Information**

**NO refunds will be issued. A service charge of $35 will be charged for any returned checks.**

**Check/Money Order Enclosed for $**

**(Make checks payable to WEST PARK SDA CHURCH (SoFlo) in U.S. funds drawn on a U.S. bank)**

Signature:

****

$

TOTAL PAYMENT

Payment To:

**West Park SDA Church (SoFlo)**

**3825 SW 41st 41 St West Park, FL 33023**