



**Episcopal Diocese of Maryland Convention, May 13 - 14, 2016  
Turf Valley Resort, Ellicott City  
Exhibit Registration Form**

PLEASE PRINT NEATLY OR FILL OUT ELECTRONICALLY

Name of Organization/Committee \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

2nd Contact Name: \_\_\_\_\_ Phone or Email: \_\_\_\_\_

Your organization's web site if available to publish: \_\_\_\_\_

**Please check type of group on left and check number of tables requested (right columns):**

<u>ORGANIZATION TYPE</u>	<u>NUMBER OF TABLES</u>			<u>SUBTOTAL</u>
_____ * Diocese of MD Committee passive display space	1/4 _____	1/2 _____	1 _____	\$ _____
_____ * Diocese of MD Committee 1st table no charge	1/2 _____	1 _____		\$ _____
_____ * Diocese of MD Committee additional @ \$75/table	1 _____	2 _____		\$ _____
_____ Other Non-Profit Organization @ \$75/table	1 _____	2 _____	3 _____	\$ _____
_____ Commercial Group/Vendor @ \$125/table	1 _____	2 _____	3 _____	\$ _____
_____ Electric Usage Surcharge (for 2 days) @ \$15/outlet				\$ _____
_____ Late Fee (if received after March 11) \$50.00				\$ _____
			<b>TOTAL</b>	\$ _____

**\*To claim status as a Diocesan Committee your organization must be registered as such by the Diocese.** Diocesan Committees who have a very small display or a few brochures/flyers to distribute and will not have personnel present may make use of the passive, un-manned display tables. Please fill out the top line of the section above for a passive display table.

All tables, both paid and free, are available on a first-come, first-served basis.

Make checks payable to: "Episcopal Diocese of Maryland" and note on check "Convention display"

**Registration Deadline: March 11, 2015**

**All Exhibit Registration Forms received after this date must include a \$50 late fee.**

Mail form and check to: Diocese of Maryland  
Convention Display Request  
4 East University Parkway  
Baltimore, MD 21218

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FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_ Check Included: \_\_\_\_\_ Amount: \$ \_\_\_\_\_