

GAC Women's Conference 2019
Friday, April 26th & Saturday, April 27th
"Transformed"

Exhibitor Application

Name: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone No. (day): _____ (evening): _____

(cell): _____ (fax): _____

Email: _____

Description of Merchandise: (products should be limited to one type item per space): _____

_____ Yes, I am interested in participating as an exhibitor for the GAC Women's Conference 2019, and fully **accept** the responsibilities as outlined.

Days I will participate: Friday, _____ & Saturday, _____

_____ Yes, I would like to register for Conference which would permit me to attend workshops, services and two (2) meals.

Exhibitor Fee \$300.00/450.00

Conference Fee \$100.00

Equipment Use _____ Fee: _____

*****Separate Check** needed for equipment use. Thank you***

Total amount enclosed \$ _____

Fee(s) must be **postmarked** no later than March 22nd, 2019 to be considered.

No checks or applications received after March 22nd, 2019!

Make check payable to: **GAC – Women's Conference 2019**

Mail to: Greater Allen A.M.E Cathedral of NY

Women's Ministry Vendors

110-31 Merrick Blvd., Jamaica, NY 11433