

# The Diocese of New Jersey

## Exhibitor's Registration Form

## Convention 2009

Friday, February 27 – Saturday, February 28

Wildwoods Convention Center

Wildwood, New Jersey

Organization \_\_\_\_\_

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

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

Tel \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Names of Exhibiting Staff \_\_\_\_\_

\_\_\_\_\_ In Charge \_\_\_\_\_

IS THIS AN EPISCOPAL NON-PROFIT ORGANIZATION? YES \_\_\_\_\_ NO \_\_\_\_\_

IF, "NO", INCLUDE \$125 PER TABLE FOR TWO DAYS...MAXIMUM OF TWO TABLES, IF AVAILABLE.

APPLICATIONS SUBJECT TO ACCEPTANCE BY THE DIOCESE OF NEW JERSEY.

**PLEASE MAKE CHECKS PAYABLE TO "DIOCESE OF NEW JERSEY"**  
**Deadline is February 13, 2009**

WE NEED TO BE AGAINST A WALL YES \_\_\_\_\_ NO \_\_\_\_\_  
WE WILL NEED 110 VOLT POWER YES \_\_\_\_\_ NO \_\_\_\_\_ **Fill in attached form**  
WE WILL NEED A PHONE JACK YES \_\_\_\_\_ NO \_\_\_\_\_ **Fill in attached form**

**(Limited phone jacks available for usage at an additional cost...plus phone calls. See attached form. PLEASE BRING EXTENSION CORDS.)**

**NOTE:**  
A COPY OF YOUR INSURANCE CERTIFICATE MUST BE INCLUDED WITH THIS APPLICATION. ONLY DIOCESAN ORGANIZATIONS ARE EXEMPT AND COVERED BY DIOCESAN INSURANCE. SUBMIT ALL MATERIALS **BY FEBRUARY 13, 2009.**

*Mail, fax, e-mail or call*  
**Mary Ann Rhoads**

*Diocese of New Jersey*  
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Trenton, NJ 08618-5326

609 394-5281 Ext 11 Fax 609 394-8015

E-mail: [Mrhoads@newjersey.anglican.org](mailto:Mrhoads@newjersey.anglican.org)

SET-UP: Thursday, February 26, 4-8 PM  
Friday, February 27, 7 AM

BREAK DOWN: Saturday, February 28 by 4 PM

EXHIBITION: Friday - 8 AM – 7:30 PM  
Saturday - 8 AM - 2 PM

STAFFING: Please make sure table is staffed

TABLES: Standard 6ft. or as provided  
by convention facility

SECURITY: Your responsibility,  
including overnight

INSURANCE: Required. See Note