

# Atlantic District Ladies Ministries

## Exhibit & Vendor Application



Exhibitor/Vendor: _____  Address: _____  City: _____ Prov: _____ Postal Code: _____  Phone: _____  Email: _____	Description of Product:
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**Exhibit Event:**    **Event Date:** \_\_\_\_\_ (application must be postmarked 2 weeks prior to event date)

Please select the event where you wish to apply for exhibit space:

Ladies Conference   
  Cherish Conference   
  Maximum Impact Retreat   
 Other: \_\_\_\_\_

<b>Space Request:</b>	<b>PRICING</b>	<b>TOTAL</b>
_____ (quantity) of tables <i>Maximum 3 tables per vendor</i>	<b>8' Table</b> 6' tables in some venues. Includes two chairs.	\$75
<b>[    ] All sales will support Mothers Memorial</b> <b>Please check if applicable</b>	<b>Shared Table Fee</b> When sharing a table with another vendor	\$25
<b>Vendors raising funds exclusively for Mothers Memorial and Global Student Support are not required to pay the table fee and will receive application priority.</b>	<b>TOTAL Enclosed</b> <b>Money Order or Bank Draft ONLY</b> <b>Payable to: Atlantic District Ladies Ministries</b>	

1. Exhibit space allocations are awarded in the order in which they are received until such time as the maximum exhibit occupancy for the venue has been reached. We reserve the right to adjust the maximum number of exhibit spaces available based on the size of the venue and/or the discretion of Atlantic District Ladies Ministries. We reserve the right to refuse any application without explanation.
2. We reserve the right to limit the number of tables selling the same product so that the exhibits are more rewarding for everyone. Food and drink sales are not permitted due to venue restrictions.
3. Applications submitted on behalf of a church or a ladies group, must be signed by the pastor or pastors wife.
4. Exhibit applications are considered valid when the fees (if applicable) and completed application are postmarked **TWO WEEKS** prior to the event specified on this form. Upon application approval or refusal, you will receive a confirmation message via email or telephone.

Exhibitor/Vendor hereby applies for vendor space at the event specified in this application. Exhibitor/Vendor agrees to the terms set forth in this application. Exhibitor/Vendor will assume all liability in case of theft, fire or water. Tables and merchandise may be left overnight at the exhibitors/vendors own risk. The Atlantic District UPCI is hereby released of liability or injury to any person resulting from accidents and all other causes in relation to exhibits, exhibitors or vendors.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return this application to: <b>Laura Noel – ALM Exhibits</b> 38 Restigouche Dr., Tide Head, NB E3N 4H4  <b>Money Order or Bank Draft ONLY - NO PERSONAL CHEQUES</b> <b>Payable to:</b> <b>Atlantic District Ladies Ministries</b> Include your application with the fee total if applicable	<b>OFFICE USE ONLY:</b>
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