

**SEJ BMCR 53rd Annual Meeting
OCTOBER 13th- OCTOBER 15th, 2022**

EXHIBITOR REGISTRATION FORM

Display space will be available on first come, first serve basis. Mark your calendars and register today! **DEADLINE: September 12, 2022**

This Agreement is entered into between the SEJ-Black Methodists for Church Renewal, Inc. and

ORGANIZATION/COMPANY/INDIVIDUAL: (Please print or type)

(Name) (Telephone Number) (Email)

(Authorized Contact) (Title)

(Address) (City) (State) (Zip)

(Name of Authorized Representative at Event as it will appear on nametag.)

Cost: \$100.00 per table

Table/Electrical Request	No. of Tables	Outlets	Total Fees
Exhibitor Table(s) (\$100 each)			
One Electrical Outlet (if available)		FREE	
Final Cost			

METHOD OF PAYMENT (Check or Money Order)

Check Amount \$ _____

Please make checks payable to **SEJ-BMCR**

Signature _____

Products to be displayed are: _____

Space Accommodations: Conference will provide Exhibitor with one (1) table and 2 chairs. The Exhibitor is responsible for table covering, display and any decorations. Exhibitor will be removed for more than designated, without reimbursement.

SHIPPING AND HANDLING

Exhibitor has full responsibility for delivery of all materials to Four Points by Sheraton Richmond Airport Hotel, **4700 S Laburnum Ave Richmond, VA 23231**. Your table(s) will be ready for setup by 10 a.m. on Thursday, October 13, 2022. Breakdown of exhibit should be completed by 10:00 a.m. on Saturday, October 15, 2022.

Lost or Stolen Items:

SEJ-BMCR hereby holds no liability for the loss or theft of any property made available by the exhibitor for the purpose of this display or personal items of the exhibitor as a term of this agreement.

AUTHORIZED SIGNATURES

The undersigned individuals represent and warrant that they have authority to enter into this Agreement on behalf of the company or organization represented and hereby agree to the terms set forth in this Agreement.

EXHIBITOR

SEJ Representative

By: _____

By: _____

Title: _____

Title: _____

Date: _____

Date: _____

This application must be signed and returned with payment for full amount in order to be valid.

Return by September 12, 2022

Email to

Valerie N Hooker (mrsvhooker@aol.com)

Please Call for Payment Instructions 843-217-3020