

MIDWEST CATHOLIC FAMILY CONFERENCE BOOTH REGISTRATION FORM
August 7-9, 2009
Wichita, Kansas

Name of business or organization for table sign _____

Contact person's name _____

Contact Address _____ City _____ State _____ ZIP _____ Diocese _____

Phone () _____ Fax () _____ e-mail _____

Website _____ shall we link to ours? Yes _____ No _____

BOOTH ORDER -Part 1

BOOTH INCLUDES 2 CHAIRS, 8' HIGH BACKDROP, AND A 7" X 44" LETTERED SIGN.

TABLES ARE SKIRTED AND ARE 8' LONG X 30" WIDE. (Vendors may provide their own tables)

CHOOSE ONE OPTION:

	# of tables	cost
10' x 10' Literature Booth--no sales--(limit one table) ----	1 table	____\$200.00
10' x 10' Booth for selling-----	1 tables	____\$395.00
	2 tables	____\$440.00
10' x 10' Corner Booth for selling-----	1 table	____\$425.00
	2 tables	____\$470.00
10' x 20 Booth for selling-----	2 tables	____\$645.00
	3 tables	____\$690.00
10' x 20' Endcap (aisle) booth for selling-----	3 tables	____\$700.00
	4 tables	____\$745.00
	5 tables	____\$790.00
Internet access, add _____\$215.00	Electricity, add _____	\$35.00

TOTAL BOOTH FEE \$ _____

Part 2

PREPAID MEAL ORDER FORM

Saturday lunch: Deli sandwich, chips, cookie, soda or milk

\$ 7.50 per meal How many? _____ Total \$ _____

Saturday dinner: Italian buffet (meat and vegetarian selections), pasta, salad, dessert, beverage.

\$ 11.00 per meal How many? _____ Total \$ _____

Saturday Child's Dinner: Chicken strips, potato chips, cookie, soda or milk.

\$ 7.50 per meal How many? _____ Total \$ _____

Sunday Lunch: Pulled Pork sandwich, chips, cookie, soda or milk

\$ 7.50 per meal How many? _____ Total \$ _____

TOTAL MEAL FEE \$ _____

TOTAL FEES

Booth fee \$ _____ Plus meal fee \$ _____ = **GRAND TOTAL \$ _____**

Check # _____ Amount \$ _____ **OR** charge my (circle one) Discover, MasterCard or Visa
Sorry—we CANNOT accept American Express

Number _____ Exp. Date _____

Authorization code (3 digits at end of number series on reverse side) _____

Name (print) _____

Signature _____

Make checks payable to and mail to: (see next page for address)

*No new booth inquiries
after July 15*

*Catholic Resource Center
Mail to: P O Box 21301
Wichita, KS 67208*

Phone 316-618-9787

fax (316) 771-7201

EXHIBITOR PROFILE

Types of materials to be offered/displayed: _____

Literature only (no sales): _____

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Names and ages of children who wish to participate in children's conference at no charge.

Names for Booth Worker Name Tags (2 per day)

No Registrations will be accepted unless accompanied by FULL PAYMENT and Exhibitor profile.

Waiver and Release

Catholic Resource Center reserves the right, in its sole discretion, to refuse applications, pull or close any exhibits that do not reflect the character or purpose of the conference or do not adhere to the teachings of the Magisterium of the Catholic Church. This also includes any material relating to private apparitions not approved by the Roman Catholic Church. Sub-leasing of tables is not allowed. Catholic Resource Center reserves the right to cancel any exhibitors who have not completed an Exhibitor Registration Form, or have not made full payment in accordance with this agreement. In consideration for being permitted to sell, display, or distribute material at the Midwest Catholic Family Conference the undersigned exhibitor, its officers, directors, agents, representatives, employees and volunteers agree to assume the risk and full responsibility for, and to indemnify, defend, and hold harmless, Catholic Resource Center and/or the Conference including, but not limited to, Catholic Resource Center officers, directors, agents, representatives, employees, volunteers, and attendees of the conference, from any and all liability, injury, (including, but not limited to, death) or damage, legal or equitable, to the person or property of the exhibitor or exhibitor's agent. The agent signing below is fully authorized to execute this instrument on exhibitor's behalf.

Agent's Signature _____ Date _____