

**SEJ - BLACK METHODISTS FOR CHURCH RENEWAL, INC.  
43<sup>rd</sup> ANNUAL MEETING**

**Galt House**  
140 North Fourth Street  
Louisville, Kentucky 40202  
October 27 – 29, 2011

**EXHIBITOR REGISTRATION FORM**

Display space will be available on first come, first serve basis. Mark your calendars and register today! **DEADLINE: September 30, 2011**

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.)

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 the **Galt House, 140 North Fourth St., Louisville, Kentucky 40202**. Your table(s) will be ready for setup by 10 a.m. on Thursday, October 27, 2011. Breakdown of exhibit should be completed by 10:00 a.m. on Saturday, October 29, 2011.

**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 30, 2011**

to

SEJ - Black Methodists for Church Renewal, Inc.  
C/o Doris Ferree, Registrar  
168 Brooks Landing Drive  
Winston-Salem, NC 27106  
Email: DHDFerree@aol.com

For questions or more information contact:

Doris Ferree  
Phone: 336-923-9807

**Hotel Accommodations:** Galt House. Phone for Reservations: 1- 502-589-5200. Check-in is 3:00 p.m., check-out is 11 a.m. **Hotel Rate:** \$119.00., plus 15.01% tax. Please specify that you are attending the **Southeastern Jurisdiction Black Methodists for Church Renewal Annual Meeting** to secure the room rates.