

Florida General Baptist Convention, Inc.  
Dr. James B. Sampson, President

APPLICATION FOR BOOTHS

Please reserve exhibit space for use at the:

- ( ) Florida General Baptist Convention, Inc. Annual Session (April)
- ( ) Florida General Baptist Congress of Christian Education Annual Session (August)
- ( ) Florida General Baptist Convention Board Meeting Annual Session (December)

\*\*\*\*PLEASE TYPE OR PRINT INFORMATION CLEARLY\*\*\*\*

IDENTIFICATION SIGN: FIRM'S NAME \_\_\_\_\_

APPLICANT'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(Street) (City/State) (Zip code)

TELEPHONE # \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_ CELL (\_\_\_\_) \_\_\_\_\_

MERCHANDISE \_\_\_\_\_

NUMBER OF BOOTH'S \_\_\_\_\_ AMOUNT ENCLOSED \$ \_\_\_\_\_

Your signature shall be binding to the Application and Concession Commission. Any false information given will result in cancellation of this agreement.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

BOOTH INFORMATION: All booths are \$350.00 for 8 X 10 spaces. In order to receive a booth assignment a 50% deposit for each booth is required with application. Final payment is due 30 days prior to session. NO FOOD- ALCOHOL -DRUGS-ASPIRINS of any kind are to be sold. REFUND POLICY: Any cancellation of booths MUST be in writing at least three (3) weeks before the session. Florida General Baptist Convention, Inc. will retain 50% of the money received. NO REFUND will be given after the three (3) weeks limitation.

RETURN COPY of the application with your check or money order. A receipt and booth confirmation will be mailed to you.

Make check or money order payable to: **FLORIDA GENERAL BAPTIST CONVENTION, INC.**

Mail your request to: Dr. Robert E. Herring, Sr. Chairman of Concessions  
1620 Helena Street Jacksonville, Florida 32208

(904) 764-8032 or 764-4700		For Office Use Only	
Date Rec'd _____	Amount Rec'd \$ _____	Check # _____	*Bal. Due \$ _____
Rec'd By _____		Booth(s) Assigned _____	