

YOUR BUSINESS CARD \$ 25	BOOSTER \$20	VENDOR TABLE PACKAGES \$50 - \$250
ADVERTISE WITH SHABACH		
Convocation Program Advertisement & Vendor Application deadline is October 1, 2010!		
YOUR HALF PAGE AD HERE \$ 50	YOUR FULL PAGE AD HERE \$ 75	
Shabach Christian Church would like to endorse your business or ministry during our Fellowship Convocation October 26 – 31, 2010. Call 407.445.1230 for more information.		

VENDOR REQUIREMENTS:

- All vendors must be a registered delegate for the entire conference.
- All payments and applications must be submitted by October 1, 2010. No late entries will be accepted.
- All vendor tables and applications are non-refundable, non-transferable.
- All vendors must agree to the no exchange/sale policy while Dr. Hall is preaching for application approval. (*see details below)
- All vendors must be kind and respectful to all patrons in the vending area.

Shabach Ministries does not require an itemized list of your merchandise pricing; however, we do ask that you sell product at a reasonable market value and that it is appropriate for a christian environment. We do reserve the right to ask any violators to remove offensive or inappropriate merchandise from their table and/or to close their table without refund. **Food and beverage vendor tables are prohibited.**

2010 VENDOR APPLICATION

PART A – CONTACT INFORMATION: All fields are required information. Please print legibly, so that we may process your information accurately.

VENDOR CONTACT NAME		VENDOR BUSINESS NAME	
Authorized signatory on business? <input type="checkbox"/> Yes <input type="checkbox"/> No		Incorporated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
MAILING ADDRESS		BUSINESS ADDRESS (IF DIFFERENT)	
CITY, STATE, ZIP		CITY, STATE, ZIP	
PHONE	FAX	E-MAIL	
()	()		
CELL	WEBSITE:		
()			

PART B – VENDING PACKAGE: Please choose from A, B, C or select single time sessions and calculate table fees.

PACKAGE A – FULL CONFERENCE, ALL EIGHT CONFERENCE TIMES				\$250.00
<input type="checkbox"/> All Dates/Times - \$250: This is payable in two installments; first payment (\$100.00) is due at time of application submission, and second payment (\$150.00) is due on/or before October 1, 2010. (see credit card payment options below)				
PACKAGE B – SIX CONFERENCE TIMES (Choose 6 times below)				\$150.00
<input type="checkbox"/> 6 Times - \$150: Payment is due in full at time of application submission.				
PACKAGE C – THREE CONFERENCE TIMES (Choose 3 times below)				\$100.00
<input type="checkbox"/> 3 Times - \$100: Payment is due in full at time of application submission.				
SELECT CONFERENCE TIMES				<i>*No exchange/sale while Dr. Hall is preaching only.</i>
<i>Wednesday, Oct. 26</i>	<i>Thursday, Oct. 27</i>	<i>Friday, Oct. 29</i>	<i>Saturday, Oct. 31</i>	<i>Sunday, Nov. 1</i>
<input type="checkbox"/> Day Sessions	<input type="checkbox"/> Day Sessions	<input type="checkbox"/> Day Sessions	<input type="checkbox"/> Evening Event	<input type="checkbox"/> Morning Worship*
<input type="checkbox"/> Evening Worship*	<input type="checkbox"/> Evening Worship*	<input type="checkbox"/> Evening Worship*		
SINGLE TIME FEE CALCULATION		ADDITIONAL SERVICES		SIGN DETAILS
# OF TIMES: _____ x \$50.00 = \$ _____		<input type="checkbox"/> Table Cloth - \$20		
PAYMENT IS DUE AT TIME OF APPLICATION SUBMISSION		<input type="checkbox"/> Table Sign Design/Acrylic Stand - \$35		

PART C – PRODUCT INFORMATION:

PRODUCT ITEMS	PRODUCT DESCRIPTION

PLEASE READ AND SIGN BELOW INDICATING YOUR AGREEMENT:

All approved vendors are solely responsible for their products, equipment and other possessions, and for their business practices. By making an application with Shabach for vendor status; the vendor agrees to indemnify and save harmless the Shabach Ministries of Praise, Inc. & Dr. Todd M. Hall, Sr., its ministries, directors, employees, leaders, and agents from any loss incurred by the vendor, or from any action or claim of any nature made by any person.

I have read the Vendor Requirements information and agree to abide by all said information on this application and I further agree to pay all application fees and additional services within the required timeframes. I understand that failure to abide by the Vendor Requirements and this application information or to pay all fees by said dates shall result in my exclusion from all vendor opportunities without reimbursement of any application or additional services fees.

Proprietor/Authorized Signature

Date

PAYMENT METHOD: CASH • CHECK¹ • CREDIT CARD • CASHIER'S CHECK • MONEY ORDER • ONLINE PAYMENT²

Name on Card: _____ Card Type: _____

Card Number: _____ Expiration Date: _____

Authorized Charge Amount Total*: _____ 3-Digit Security Code: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____ Phone: _____

Authorization Signature: _____

VENDING TOTAL	
Package A	\$ _____
Package B	\$ _____
Package C	\$ _____
Single Time	\$ _____
Table Cloth	\$ _____
Table Sign	\$ _____
*Total Amount Due:	
\$ _____	

____ PACKAGE A: I authorized Shabach Ministries to charge my credit card a second time in the amount of \$ _____ on ____/____/10.

Please make all checks payable to: Shabach Ministries of Praise, Inc.

Payment is due at time of application submission, unless otherwise indicated on the application and is non-transferrable and non-refundable. ¹Please keep in mind that if you write a personal check, it must be cleared before your application is approved. ²You may submit your application by e-mail to SCCF@SHABACHMINISTRIES.NET and pay online through the donations page of our website (include \$1.25 service fee). If you choose this option, please write *Vendor Application Fee – Your Name* in the comments section and indicate in your e-mail you will be paying by this method. (Please note a \$25.00 return check fee will be added to all returned personal checks and NSF charges, plus any additional charged bank fees, surcharges, etc.)

SUBMIT ALL PAYMENTS AND APPLICATIONS TO:

SHABACH CHRISTIAN CHURCH
508 N. HUDSON STREET • ORLANDO, FL 32835
FAX: 407.291.9277

PLEASE DO NOT MAIL THIS APPLICATION AFTER SEPTEMBER 15, 2010

OFFICE USE ONLY			
Application Approved: ___ Yes ___ No	Application Approved Date: _____	Approved By: _____	
Payment One: _____	Date: _____	Payment Two: _____	Full Payment Received: ___ Yes ___ No