



THE EPISCOPAL DIOCESE OF WESTERN MASSACHUSETTS  
EXHIBITORS REGISTRATION

Tower Square/Marriott Hotel Springfield, Massachusetts

November 9, 2019

Exhibit Title: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Phone # \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

*(Please check all that apply. We will make every effort to fulfill your request)*

Exhibit Needs  Share a Six Foot Table     1 Six Foot Table     2 Six Foot Tables  
 Electric Outlet     Wireless Internet     number of chairs

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**Exhibit description** (i.e. display items, pamphlets, items for sale, etc.)

**\*\*\* Please note: Every person staffing your exhibit must be registered**

**Note: Exhibits will be open at all times  
Exhibit items are left at your own risk.**

**Exhibitor set up begins on Saturday @ 7:30 AM (table coverings provided).**

**List of Personnel Staffing the Exhibit Table**

Name	Breakfast	Lunch
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
	_____	_____
	x \$15	x \$20
	\$_____	\$_____

**Total Cost of Meals = \$\_\_\_\_\_ Plus Table Fee \$25.00 Grand Total Due \$\_\_\_\_\_**

**Note: If you have any special requirements (i.e. food allergies, vegetarian, gluten free etc.) or other needs, please indicate below along with your phone number in case you need to be contacted.**

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\*Special needs request:

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Please make checks payable to **Diocese of Western MA, 37 Chestnut St., Springfield, MA 01103-1787**

If you have any questions regarding the above, please email Lainey Hurlbut at

[lhurlbut@diocesewma.org](mailto:lhurlbut@diocesewma.org)

**Please return this Exhibit Registration form by September 30<sup>th</sup> (mail, email or fax).**