



2010 Gospel of Life Convention Vendor/Exhibitor Registration Form

Name: _____

Organization/Company Name: _____

Address: _____ City: _____

State: _____ Zip code: _____

Phone Number: _____

Website URL: _____

E-mail: _____

Name of Representatives (for name tag): _____

Vendor Space:

| Quantity | Amount |
|--|------------|
| _____ Table Space - Non-profit organization \$50 if registered by March 5 th \$60 after March 5 th (Registration ends March 19 th) Includes one 8 ft. table in an 8 ft x 4 ft space | = \$ _____ |
| _____ Table Space - For-profit organization \$100 if registered by March 5 th \$120 after March 5 th (Registration ends March 19 th) Includes one 8 ft. table in an 8 ft. x 4 ft space | = \$ _____ |
| _____ Box Lunch @ \$8.00 per extra lunch (1 included with booth space) | = \$ _____ |
| Total: | |
| | \$ _____ |

Expected time of set-up? Friday April 16th (6-9 p.m.)
 Saturday April 17th (7-8 a.m.)

Special Needs: _____

Will you be selling taxable merchandise? Y N

Description of Products: _____

If you also plan to attend knowledge transfer sessions, please register online at www.RespectLifeMissouri.org .

Please send this form and checks payable to “Diocese of Kansas City-St. Joseph” to the following address.

Diocese Respect Life Office
PO Box 419037
Kansas City, MO 64141-6037