



# VENDOR REGISTRATION FORM

64<sup>th</sup> Annual Diocese of New York; and Diocese of Charleston and the Mid-Atlantic  
Parish Life Conference  
July 1-5, 2015  
Hosted By: St. John Church  
80 Water Lane North, Levittown, NY 11756  
Phone 516-731-1681 | Fax 631-643-6802  
[stjohn2015plc@gmail.com](mailto:stjohn2015plc@gmail.com) | [www.stjohnorthodoxchurch.com/plc](http://www.stjohnorthodoxchurch.com/plc)

**Vendor Registration Deadline: June 1, 2015**

*Our PLC continues the tradition of allowing Vendor's and Display Booth's to promote/sell their materials and ministries. Based on the Easter Dioceses requirements the Vendor's/Display Booths are categorized and are charged the following:*

<input type="checkbox"/>	<b>CATEGORY 1 - Archdiocesan/ Diocesan Organizations:</b> <i>Archdiocese/Diocesan Organizations ONLY (e.g., Antiochian Women, Fellowship of St. John the Divine, Order of St. Ignatius of Antioch and Teen SOYO) shall have one (1) table for informational purposes only. However, if they desire to sell items, they will be re-classified as <b>CATEGORY 3</b> and shall pay the charges set forth below.</i>	\$0.00	
<input type="checkbox"/>	<b>CATEGORY 2 - All Other Orthodox Ministries:</b> <i>All other Orthodox Ministries with the approval of the Bishop shall have one table for informational purposes only. However, if they desire to sell items, they will be re-classified as <b>CATEGORY 3</b> and shall pay the charges set forth below.</i>	\$150.00	\$ _____
<input type="checkbox"/>	<b>CATEGORY 3 - Vendor/Bookstore:</b> <i>All Vendor's and Display Booths that desires to sell items, including but not limited to the Conference Bookstore, re-classified Vendors from above, and all other Vendors. However, they <b>must</b> be directly related to the Orthodox Church or they will not be allowed at [CONFERENCE/CONVENTION]</i>	\$150.00	\$ _____
<input type="checkbox"/>	<b>Additional Tables:</b> <i>Base on availability and a first come basis any of the above <b>CATEGORIES</b> many purchase additional Table.                      No. of Additional Tables: _____</i>	\$50.00	\$ _____

Vendor Registrations for paying CATEGORY 2, include: One Archdiocese Registrations (exempt from any Processing Fee); CATEGORY 3, include: Two (2) Archdiocese Registrations (exempt from any Processing Fee). **The price set forth herein apply even after the deadline!** All individuals working at any Vendor or Display Booths are **required to register** for the PLC. To ensure your Registration Badge is ready upon arrival, please filling out the PLC Registration Form and return it by the deadline. Vendor/Display Booths requiring additional support, i.e. Audio/Visual, Internet/Phone Access, or Electrical Outlets, etc., must contact the hotel directly, make all of the necessary arrangements and pay the hotel directly for these charges.

The undersigned Vendor/Displayer agree to hold harmless and to indemnify St. John Antiochian Orthodox Church, Levittown, NY and the Antiochian Orthodox Christian Archdiocese of North America, their members, agents, affiliates, parishioners, guarantors, employees, and/or any assigns thereof, for any and all acts arising out of the sale/promoting of materials or any liability, costs, expenses, incidents, losses, and/or occurrences resulting from the undersigned's actions while selling/displaying materials at this Diocese of New York and Diocese of Charleston and the Mid-Atlantic Parish Life Conference, July 1-5, 2015.

Company/Organization: \_\_\_\_\_ Diocese: \_\_\_\_\_

Address: \_\_\_\_\_ Parish Name: \_\_\_\_\_

City: \_\_\_\_\_ Parish City: \_\_\_\_\_ State: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

**I acknowledge and understand that all Charges and/or Donations are non-refundable.**  
**Refer to policy statement: [www.antiochianevents.org/privacy/117](http://www.antiochianevents.org/privacy/117).**

*Select Payment option (returned checks are subject to current bank charges):*

Check  Visa/MasterCard:  AMEX:  Card No.: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV2 (Security Code): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ **Unsigned forms will not be processed!**

*Check the appropriate box(es) above. Make check payable to: **"St. John Church"** and mail to above address. Fax credit card payment to number above. For all credit card payments the name and address on this form must match the name and address on the credit card billing statement/ On-line registration available at: [www.stjohnorthodoxchurch.com/plc](http://www.stjohnorthodoxchurch.com/plc)*