

HLUB'09 Conference
July 27 – August 1, 2009

SALE APPLICATION FORM

Vendor Fee: \$50.00

Organization Name: _____

Representative Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Name of Reference: _____ phone: _____

Description of ministry item(s) to be sold or display:

(Write on the back if more space is needed)

Application's Signature: _____ Date _____

Signature of Chairman of Church Governing Board _____ Date _____
Or

Supervisor's Signature (if presenting a ministry organization) _____ Date _____

For Office Use Only

Date received: _____ Approved by: _____

Fee confirmed: _____