

San Diego Children's Pastors' Conference 2010
March 14th – 16th, 2010
Resource Provider Application

Organization Information

Organization Name _____

Mailing Address**** _____

City _____ State _____ Zip Code _____

Phone # _____ Fax # _____

Website _____

Email Where Confirmation Materials can be sent _____

Contact #1 Name _____ Phone _____

Contact #2 Name _____ Phone _____

Please give a 2-5 word description of your organization:

Resource Center Fees:

- 1 Booth - \$799
- 2 Booths - \$1598
- 3 Booths - \$2397
- 4 Booths - \$3196

Booth Package:

- 8' x 10' booth
- (1) 8' draped table
- 2 chairs
- 1 wastebasket
- 9" x 44" identification sign

Payment Information

of booths _____

Total Amount Due _____

Payment in full must accompany application in order to secure booth space(s).

Payment by check:

Checks should be made payable to INCM.

Check # _____

Payment by credit card (MC/Visa/Discover/Amex):

Credit card number

Expiration Date

Security Code

Cardholder's Signature

Credit card billing address (required)

****If you're listing in the handbook should be different than the mailing address information above, please complete this portion.

Address: _____

City, State, Zip: _____

Phone Number _____ Email and/or website _____

INCM assigns booths on a first-come, first-served basis. High traffic areas are reserved quickly. It is likely that one or more of your choices may not be available when we process your form. We will first try to honor your choices. If your selections have already been assigned, we will assign the next best booth remaining at that time. INCM reserves the right to make final assignments on all booths.

Mail or fax to: INCM, Alan Walker, PO Box 190, Castle Rock, CO 80104 Fax # 303.660.6444