



Waiting List 2009 Application to Exhibit

www.catholicfamilyexpo.org

410-442-7706
exhibit_balt@catholicfamilyexpo.org

FIRM: _____
 REPRESENTATIVES: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 TELEPHONE: _____ EMERGENCY CONTACT #/CELL: _____
 EMAIL: _____
 WEBSITE URL: _____

FOR OUR WEBSITE LISTING, briefly describe your organization (150 words max). Attach additional pages if you need more space.

- I would like electrical hook-up if available (locations are limited).
- I am interested in contributing product to on-site drawings.
 Description: _____

Number of booths: _____ @ \$150 per 10' x 10' booth \$ _____
Additional tables: _____ @ \$35 per table \$ _____

Attach description for EXPO Program (80 words max)
EXPO Program Ad: Full page 1/2 page 1/4 page 1/8 page \$ _____
 (Digital, 300dpi, CYMK) \$500 \$300 \$175 \$100

Total Amount Enclosed - Check or money order payable to *Catholic Family EXPO* \$ N/A*
Please send to: **Catholic Family Expo** *no payment required
Exhibitor Coordinators for wait list status
P.O. Box 27
Woodstock, MD 21163

The Catholic Family EXPO retains the sole discretion to request the removal of any exhibitor materials (e.g., schismatic, anti-Catholic, pro-contraception, pro-abortion, et cetera). Exhibitors not complying with a request to remove materials will be asked to leave the Catholic Family EXPO Conference. No exhibitor fees will be reimbursed, except at the discretion of the Board of Directors of the EXPO.

WAIVER AND RELEASE:

In consideration of being permitted to sell, display, or distribute materials at CFE 2009 Conference ("the Conference"), the undersigned EXHIBITOR agrees to assume full responsibility for, and to indemnify and hold harmless, the Catholic Family EXPO ("the EXPO") and any and all persons or entities affiliated with the EXPO or the Conference including, but not limited to, EXPO's officers, directors, agents, representatives, employees and volunteers, and attendees of the Conference, from any and all liability, injury or damage, legal or equitable, to the person or property of the EXHIBITOR or EXHIBITOR's agent(s), or of any other person or entity in connection with EXHIBITOR's activities related to the Conference. EXHIBITOR or EXHIBITOR's agent(s) signing below represent and acknowledge that the agent signing below is fully authorized to execute this instrument on the EXHIBITOR's behalf.

EXHIBITOR'S NAME (print): _____

AGENT'S NAME (print): _____