



LWP! Exhibitor Application / Agreement 2007

Contact Information:		
Business / Organization Name:		
Contact Person Name:		
Address:		
City	State:	Zip:
Phone: ()	Alt. Phone: ()	
Fax number: () E-mail:		
Website:		
General Information:		
<p>Please list the type of products or information you will be selling or distributing. Attach photos and/or additional pages if needed. If you are selling a product or collecting donations, attach brochures or product flyers to assist us in reviewing your merchandise.</p>		
1.		
2.		
3.		
<p>Please list other events or festivals at which you have been a vendor. List event name & year.</p>		
1.		
2.		
3.		
Order Information:		
_____ = Total number of Exhibitor Booths applying for x \$200 each = \$ _____		
_____ = Total number of Event Passes (in addition to your 2 free passes) x \$45 (adult) = \$ _____		
<p>TOTAL ENCLOSED: \$ _____ Make checks payable to "St. Monica Catholic Church" Please write "<u>LWP! – Exhibitor</u>" in the Memo section of your check to ensure proper accounting.</p>		

Mail to:
St. Monica Catholic Church
attn: Leading With Passion! 2007
725 California Ave.
Santa Monica, CA 90403-4097

KEEP A COPY FOR YOUR RECORDS

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Payment Information: Paying with Check	
Please make checks payable to "St. Monica Catholic Church" *We ask that you clearly write "LWP!-Exhibitor" on the memo section of the check to ensure that your payment is properly accounted for.	
Check Number:	Check Amt \$

OR

Payment Information: Paying with Credit Card	
(please check one) <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa	
Name on Card: <i>(please print clearly)</i>	
Card Number: _____ - _____ - _____	
Expiration Date: _____ / _____	
ID Number: _____ <i>(3 digits found on the backside of your card by the signature)</i>	
Signature of the cardholder: X	

Agreement Finalization:

Organization Name:
Name of Applicant <i>(please print clearly)</i> :
Title:
Signature: X _____
(By signing this form you are agreeing to abide by all the stipulations set forth in this document)

Mail the signed agreement, completed Booth Display (pdf) and payment to:

St. Monica Catholic Church
attn: LWP! 2007 - Exhibitor
725 California Ave.
Santa Monica, CA 90403-4097

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FOR LWP! USE ONLY		
Amount Rec'd: \$	Check #:	Date:
Booth(s) Assigned:		
Authorized Signature		