



Vendor Application Form

**Diocese of Los Angeles and the West
Parish Life Conference
July 3-7, 2024**

Hosted By: Holy Resurrection Church (Tucson, AZ)
PO Box 32191 Tucson, AZ 85751
(520) 730-6361

laplc@antiochianevents.com ~ www.laplc.org

Vendor Deadline: June 1, 2024

CATEGORY NAME	ITEMS INCLUDED	AMOUNT (USD)
---------------	----------------	--------------

*The Department of Convention and Conference Planning (DCCP), on behalf of the Antiochian Archdiocese, has the final approval of all vendor applications for both Diocesan Parish Life Conference's and Archdiocese Conventions. The DCCP reserves the right to reject or cancel any vendor application at any time without cause at its own discretion. Any Vendor that is rejected will be informed no less than thirty days before the Parish Life Conference or Archdiocese Convention. All Vendor Applications must be submitted **no later than the deadline above.***

CATEGORY 1 - Archdiocesan/ Diocesan Organizations/Departments & Orthodox Ministries \$300.00

*Archdiocese/Diocesan Organizations/Departments (i.e., Antiochian Women, Young Adult Ministry, Camp Programs, Dept. of Christian Education, etc.), or all other Orthodox Ministries (i.e., IOCC, Focus, etc.), shall be provided with one (1) table for informational purposes only (see below for additional tables). However, if they desire to sell items or actively solicit donations, they will be re-classified as **CATEGORY 2** and shall pay the charges set forth below.*

- 1—Vendor Display Tables
- 1—Archdiocese Registration (Exempt from Processing Fee)

CATEGORY 2—Vendor/Bookstore \$400.00

*All Vendor's and Display Booth's that desires to sell items or actively solicit donations, including but not limited to re-classified Vendors from Category 1; and, all other Vendors.. shall be provided with two (2) table .However, All Vendors material **must** be directly related to the Orthodox Church (no Secular vendors) or they will not be allowed at the Conference.*

- 1—Vendor Display Tables
- 1—Archdiocese Registration (Exempt from Processing Fee)

Extra Tables \$100.00

*Base on availability and a first come basis any of the above **CATEGORIES** may purchase additional Tables*

Number. of Additional Tables: _____ x \$XXX.00 = _____

TOTAL: \$ _____

The prices set forth herein apply even after the deadline! All individuals working at any Vendor or Display Booths are required to register and wear, at all times, the Conference Badge. To register additional individuals, go to the website address above. To ensure your Registration Badge is ready upon arrival, please complete the Conference 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, to make all necessary arrangements and pay the hotel directly for these charges. ***Please email to the email address above, a description of your organization and products or services, No Vendor Application will be processed until the description is received.***

The undersigned Vendor/Displayer agree to hold harmless and to indemnify Holy Resurrection Orthodox Church of Tucson, AZ, the Hotel 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 Los Angeles and the West Parish Life Conference, July 3-7, 2024.

Name: _____

Organization/Company: _____

Address: _____

City & State/Province: _____

Zip Code/Postal Code: _____ Telephone: _____

E-mail: _____

Website Address:l: _____

Diocese: _____

Parish Name: _____

Parish City: _____ Parish State/Province: _____,____

Provide the Name and Group of the Individual registrant, receiving the Archdiocese Registration included with your Vendor package

First Name: _____ Last Name: _____

Group (Select One): Adult Clergy Clergy Wives

Payment Form

Diocese of Los Angeles and the West
Parish Life Conference
July 3-7, 2024

Hosted By: Holy Resurrection Church (Tucson, AZ)
PO Box 32191 Tucson, AZ 85751
(520) 730-6361

laplc@antiochianevents.com ~ www.laplc.org



Please complete the information and mail or e-mail completed form to the information above. To process all transactions, the billing address must match the credit/debit card or checking account statement. If the address is the same please check box under the appropriate section, if not provide billing address below.

<p>Purchase Item (s) <i>Check all item(s) that is for this payment:</i></p> <p> <input type="checkbox"/> Event Registration <input type="checkbox"/> Souvenir Journal <input type="checkbox"/> Sponsorship/Donation <input type="checkbox"/> Vendor </p>
<p>Payment Options (Check one):</p> <p> <input type="radio"/> Credit/Debit Card <input type="radio"/> Check (E-Check) <input type="radio"/> Cash/Money Order </p>
<p>Credit/Debit Card Information <i>to be completed for all Credit/Debit Card Payments</i></p> <p> <input type="checkbox"/> Credit/Debit Card billing address is same as previous page, if different billing address, please include billing address below </p> <p>Credit/Debit Card No: _____</p> <p>CVV2: _____ Exp. Date: _____</p>
<p>Check (E-Check) Information <i>to be completed for all Check Payments</i></p> <p>U. S. Accounts Only!</p> <p> <input type="checkbox"/> Checking Account billing address is same as previous page, if different billing address please include billing address below </p> <p>Bank Account Type <input type="radio"/> Checking <input type="radio"/> Business Checking</p> <p>Name on Checking Account: _____ <i>As it appears on check</i></p> <p>Bank Routing (ABA) Number: _____ <i>9 Digit Bank Code (see Sample on right side)</i></p> <p>Bank Account Number: _____ <i>6-15 digit account number (see sample in eight side)</i></p>

All forms must be completed and include full payment in order to be accepted and processed

Please Include Credit/Debit or Checking Account Statement Billing address if different than provided first page

Name: _____

Billing Address: _____

City, State, Zip Code: _____

I acknowledge and understand that all purchases and/or donations are **non-refundable** as set forth in the Privacy Statement at www.antiochianevents.org/la/terms-of-use; and hereby authorize the Diocese of Los Angeles and the West Parish Life Conference, to charge the credit/debit card or bank account as set forth on this form for all purchases and/or donations. When paying by check, **only checks drawn from U.S. Banks** will be accepted (for all other payments, please use credit/debit card). All checks **will be processed electronically** (via E-Check/ACH). Please do not mail a check with form. *All checks/credit card charges will appear on your statement as Antiochian Archdiocese.*

Amount: \$ _____ (USD) Date: _____

Signature _____

Signature required for all forms; Unsigned forms will not be processed!

Sample Credit/Debit Card



Sample Check

