



EXHIBITOR REGISTRATION FORM

Church of God of Prophecy, 2010 International Assembly
Greensboro, NC July 27-August 1, 2010

| | |
|----------------------------|-------|
| FOR OFFICE USE ONLY | |
| Date Received | _____ |
| Total Received | _____ |
| Payment Type | _____ |
| Booth Number | _____ |

INSTRUCTIONS
Please print with black pen or type.

Complete in full & fax or mail to:
WHITE WING PUBLISHING HOUSE
Attn: Diann Stewart
PO Box 3000
Cleveland, TN 37320-3000
423-559-5438 (fax)

Make sure to include payment of any additional nametags.

Name _____

Title _____

Company Name _____

Company Address _____

City _____ State _____ Zip _____

Daytime Telephone Number (_____) _____

Cell Phone Number (_____) _____

E-mail _____

Company Representative Authorized Signature:

| | | |
|----------|--|----------------------|
| 1 | FIRST REGISTRANT | Name |
| | (Complimentary, Non-transferable) Information to be printed on badge. Enter only one name. | <input type="text"/> |
| | | Company Name |
| | | <input type="text"/> |
| 2 | FIRST REGISTRANT | Name |
| | (Complimentary, Non-transferable) Information to be printed on badge. Enter only one name. | <input type="text"/> |
| | | Company Name |
| | | <input type="text"/> |
| 3 | FIRST REGISTRANT | Name |
| | (\$5.00 charge, Non-transferable) Information to be printed on badge. Enter only one name. | <input type="text"/> |
| | | Company Name |
| | | <input type="text"/> |
| 4 | FIRST REGISTRANT | Name |
| | (\$5.00 charge, Non-transferable) Information to be printed on badge. Enter only one name. | <input type="text"/> |
| | | Company Name |
| | | <input type="text"/> |