Diocese of Newark
EXHIBIT SPACE RESERVATION FORM
Diocesan Affiliated Ministries

2020 ANNUAL CONVENTION – JAN 31 - FEB 1, 2020
Hilton Meadowlands, 2 Meadowlands Plaza, East Rutherford, NJ

DUE DATE: MONDAY, DECEMBER 9, 2019

Please return this form by the deadline of December 9, 2019. Space is limited. We cannot guarantee that every request will be honored (checks will be returned if space not available). Confirmation letters will be mailed to you early in January.
Please type or print clearly.

Name of Organization: __________________________________________

Contact Person: ____________________________ Phone: ____________

Address: ______________________________________________________________________________________
________________________________________________________

Email: ________________________________________________

Friday lunch requirement: While there is no fee for ministries to display during convention, there must be a purchase of the Friday lunch ($30) for each person staffing the table.

Additional Meals: Friday evening dinner ($50) and Saturday lunches ($30) may be purchased separately. Use the reverse side for meal orders and include costs in amount submitted.

Indicate any special needs:

Electrical outlet: ____________ Other: ____________________________

Amount enclosed (include costs of meals from reverse side): $______________________

Remember: Materials must fit on the 6’ table – no exceptions
Set up starts at 8 a.m. on Friday, January 31, 2019

Return this completed form, with check made out to
Diocese of Newark; Memo line: Convention Exhibit

To: Episcopal Diocese of Newark, Convention Exhibits,
31 Mulberry Street, Newark NJ 07102
# Meals Reservations – Annual Convention – Jan 31 - Feb 1, 2020

<table>
<thead>
<tr>
<th>Name</th>
<th>Lunch(Fri) @ $30 (Required)</th>
<th>Dinner(Fri) @ $50</th>
<th>Lunch(Sat) @ $30</th>
<th>Total</th>
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## Total for Dinners and Lunches

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If you have a preference for dinner seating, i.e., with a particular church, please note that here:

Seat me with: ____________________________________________________________

Please note any **Dietary Restrictions** for those listed above who are staying for **dinner**

1.  
2.  
3.  

For office use only:

Date received:  
Amount received:  
Check number: