

**Sixth Episcopal District  
African Methodist Episcopal Church  
145<sup>th</sup> Session of the Atlanta North Georgia Annual Conference  
May 11-17, 2019  
Big Bethel A.M.E. Church  
220 Auburn Ave, NW  
Atlanta, Georgia 30303  
Office: (404) 827-9707 Fax: (404) 223-3060  
*The Reverend John Foster, Ph.D. - Senior Pastor***

**VENDOR CONTRACT/AGREEMENT**

This will be an agreement between the 145th Atlanta North Georgia Annual Conference Planning Committee and the vendor to lease space during the 145th Annual Conference for a minimum of three (3) days. Space is allocated on a first come first served basis, inclusive of one interior lower level spot. Spaces will include an 8 ft. table and 2 folding chairs, lighting and electricity. The terms/specifics of contract are listed below.

- **The total amount due for desired rental is payable by money order or cashier's check no later than April 10, 2019. (**Postmarked no later than this date.**)**
- **Interior space available at \$300. (*Prior to submitting payment, contact the church office to determine availability.*) Days must be consecutive.**
- **Vendor hours – 7:30 a.m. – 9:30 p.m. daily**
- **Vendors may set up as early as Sunday evening, May 12, 2019 (no later than 9:00 p.m.) The regular schedule for conference - Monday, May 13<sup>th</sup> – Missionaries; Opening, May 14<sup>th</sup> and Closing will be May 17<sup>th</sup>. All vendor set-ups should be dismantled, no later than 9 p.m. on May 17<sup>th</sup>.**
- **Approved vendor categories for sales:**
  1. **Religious (Bibles) and educational books/church supplies**
  2. **Women/Men Hats, Jewelry, Accessories, Shoes**
  3. **Church Robes (Choir, Ministers)**
  4. **African Attire**
  5. **Ladies/Gentlemen Apparel**
  6. **Art**

***Inquiries may be made to Dr. Stan Pritchett [sjkap@bellsouth.net](mailto:sjkap@bellsouth.net) or Shelley Webster [shelley@shelleywebster.com](mailto:shelley@shelleywebster.com) or 404-441-1646.***

**NAME OF VENDOR** \_\_\_\_\_

**CONTACT PERSON** \_\_\_\_\_

**SALES SPECIALTY** \_\_\_\_\_

(Use approved vendor categories from page 1)

**ADDRESS** \_\_\_\_\_

**CITY/STATE/ZIP** \_\_\_\_\_

**PRIMARY TELEPHONE** \_\_\_\_\_ **ALTERNATE** \_\_\_\_\_

**DATE OF ARRIVAL &  
DESIRED SET-UP** \_\_\_\_\_

**RENTAL DAYS: PLEASE CHECK - M \_\_\_ T \_\_\_ W \_\_\_ TH \_\_\_ F \_\_\_**

**AMT. ENCLOSED - CASHIER'S CHECK \$ \_\_\_\_\_ or MONEY ORDER \$ \_\_\_\_\_**

**SIGNED** \_\_\_\_\_ **DATE** \_\_\_\_\_

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For Committee Use:

Rcvd. \_\_\_\_\_ By \_\_\_\_\_ Space \_\_\_\_\_

Committee Assignment(s) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_