



REGISTRATION FORM 2017

Last Name _____ Middle Name _____ First Name _____

Address: _____

City: _____ State: _____ Postal/Zip Code: _____

Country: _____ Telephone: (____) _____ Fax: (____) _____

Email: _____ (include area code with telephone & fax)

Organization: _____

Vendor details

Check All That Apply:

I would like to be a vendor at the WOFLI 2017 conference. Please submit this form no later than Saturday June 17, 2017. I will be vending:

Hats Handbags Books

Jewelry DVD/CDs Other

Explain others _____

Vender's Fee \$75.00 per Table. Fee includes a table and cloth ONLY.

Total \$ _____

No Refunds for vendors. Registration fees will be refunded if cancellation is received in writing no later than June 7, 2017. After that date, registration fees are non-refundable. All refunds will be processed after the conference.

PAYMENT METHODS

Please remit checks payable to: Sanja Stinson Ministries and mail to: Rev. Irma Spencer, 8100 S. Marquette Ave. Chicago, IL. 60617 or PayPal via ms.irma@sbcglobal.net. Payment must be made before 6/17/2017.

There will be a \$35.00 fee charged on checks returned by the bank due to insufficient funds.
For vendor opportunities please contact Rev Irma Spencer @ 773 206 7040