

2017 Eastern District PCWC Exhibitor Information Form

Name of Organization: _____

Address: _____

Contact Person: _____

Phone: _____

E-mail: _____

We will need (indicate amount):

_____ Number of 6' tables

_____ Electrical outlets needed (limited)

_____ Other: _____

Additional Comments:

(Please make a copy of this Registration Form for your records.)

Please return form to Ruth Marzano by email at
ruth.marzano@lcmsed.org or mail to
LCMS Eastern District
5111 Main Street
Williamsville, NY 14221