

Organization / Church and Contact Person Information Registered Exhibitors may have their full legal name and contact information posted on the Mission Vision website and Facebook page with a link to their website.					
Full Legal Name of the Organization/ Church:					
Organization Address:				City:	
Province/State:		Postal/Zip Code:		Country:	
Office Phone:		Fax #:		Toll Free Tel:	
Office Email:			Website:		
Contact Person: (to maintain contact with Mission Vision)					
Contact Person's position/title in the Organization/Church:					
Home Phone:		Email: (to send Exhibitor's information)			
Cell Phone:					
<input type="checkbox"/> Yes, Mission Vision can send me mail to my organization's address as listed above.					
<input type="checkbox"/> No, Mission Vision should not send me correspondence to the address above, but to the following one:					
Address:			City:		
Prov./ State:		Postal/ Zip Code:		Country:	
Primary Organizational Identity: <input type="checkbox"/> None <input type="checkbox"/> Church <input type="checkbox"/> Para-church organization <input type="checkbox"/> Mission Agency (sending org.) <input type="checkbox"/> Relief and Development Organization <input type="checkbox"/> School (Grades 1-12) <input type="checkbox"/> College/University <input type="checkbox"/> Camp <input type="checkbox"/> Retreat Centre <input type="checkbox"/> Media <input type="checkbox"/> Other		If Organizational Identity is "Other", specify in three words maximum: How is your organization's work connected to missions?		Legal Status: <input type="checkbox"/> Registered Charity /not-for-profit organization in USA/Canada <input type="checkbox"/> Registered Charity /not-for-profit organization outside USA/Canada <input type="checkbox"/> Ministry of Local Church <input type="checkbox"/> Business (for profit)	
The undersigned confirms that he/she is an authorized representative of the above applying organization, has received, read, and agrees with the Statement of Faith for Mission Vision Fort St. John and adopts such on behalf of the applying organization. We agree to do our best to have our display ready for the public by 5:00 pm on Friday, and not to dismantle it before 6:00 pm on Saturday. We agree to have a representative at the table for the majority of the time.					
Authorized Signature:				Date:	
Printed Name:					

Mail or Email this completed form along with signed Statement of Faith to Mission Vision 2018, Box 6674, Fort St. John, BC, V1J 4J5 or displays@missionvisionfsj.ca