

South Carolina Baptist Congress of Christian Education

117th Annual Session
Sumter, South Carolina
July 15-19, 2024

Vendor Application

Name of Business or College/University: _____

Person Responsible: _____ Email: _____

Phone: (____) _____ - _____ Fax: (____) _____ - _____

Address: _____

City: _____ State: _____ Zip: _____

Merchandise/Service Offered: _____

Expected Date of Arrival: _____ Expected Setup Time: _____ AM PM

Expected Date and Time of Departure: _____ Time: _____ AM PM

Daily Hours: _____

Information and Requirements

Business Fee: \$300.00 Colleges/University Fee: \$200.00

Important Notice: There shall be no items, racks, hooks, etc. of any kind attached to walls or other school structures. Please understand this prior to signing this application.

For this fee, a space approximately 100 square feet will be provided. Additional space, if available, will require an additional fee. Tables and chairs must be provided by the vendor. All individuals and organizations advertising or selling their products or services must have a vendor space. No animals will be permitted in the vendor space. The vendor agrees and their booth workers agree to use contracted space for lawful purposes only and to conform to ALL laws, ordinances and regulations. The SCBCCE reserves the right to cancel any contract if there is a conflict with the principles of the Congress.

Limits of Liability

The Congress, its agents and employees are not liable for damages to or for theft/loss or destruction of the vendor's space or injuries to the vendor, their representatives, agents or employees. All claims for any such theft/loss, damage, destruction or injury are expressly waived by the vendor. The Congress will also be exempted from any claims or injury to any of the vendor's representatives, agents or employees.

For questions concerning this application or requirements, please contact Ella Mathis-James at (803) 406-3905 or by email at msella2004@gmail.com

Congress Location: Morris College- Sumter, South Carolina

ACKNOWLEDGEMENT OF THE INFORMATION AND REQUIREMENTS

Your signature on this form indicates you will abide by this information and requirements. Persons violating these will be asked to leave the premises and will not be given a refund or credit toward any future Convention events.

Please sign this acknowledgement and send to us with your application and payment.

Company Name:

Your Position/Title:

Your Signature:

Date:

CONGRESS OFFICIAL USE ONLY	
\$_____ Fee Received	Check Number: _____
Vendor Number: _____	
_____ Signature	_____ Date

Return to: South Carolina Baptist Congress of Christian
Education
Attention:
Dr. Lucious Dixon
P.O. Box 7625
Columbia, SC 29202