



# Payment Form

Diocese of Miami and the Southeast  
 Parish Life Conference  
 June 12-15, 2024  
 Hosted By: St. Stephen Church  
 130 Holy Cross Path, Hiram, GA 30141  
 (908) 370-8632  
[miamiplc@antiochianevents.com](mailto:miamiplc@antiochianevents.com)  
[www.miamiplc.org](http://www.miamiplc.org)

Please complete the information and mail or e-mail completed form to the information above. To process all transactions, the billing address must match the credit/debit card or checking account statement. If the address is the same please check box under the appropriate section, if not provide billing address below.

<p><b>Purchase Item (s)</b> <i>Check all item(s) that is for this payment:</i></p> <p> <input type="checkbox"/> Event Registration           <input type="checkbox"/> Souvenir Journal           <input type="checkbox"/> Sponsorship/Donation           <input type="checkbox"/> Vendor       </p>
<p><b>Payment Options (Check one):</b></p> <p> <input type="radio"/> Credit/Debit Card           <input type="radio"/> Check (E-Check)           <input type="radio"/> Cash/Money Order       </p>
<p><b>Credit/Debit Card Information</b> <i>to be completed for all Credit/Debit Card Payments</i></p> <p> <input type="checkbox"/> Credit/Debit Card billing address is same as previous page, if different billing address, please include billing address below         </p> <p>Credit/Debit Card No: _____</p> <p>CVV2: _____ Exp. Date: _____</p>
<p><b>Check (E-Check) Information</b> <i>to be completed for all Check Payments</i></p> <p><b>U. S. Accounts Only!</b></p> <p> <input type="checkbox"/> Checking Account billing address is same as previous page, if different billing address please include billing address below         </p> <p>Bank Account Type   <input type="radio"/> Checking   <input type="radio"/> Business Checking</p> <p>Name on Checking Account: _____  <small>As it appears on check</small></p> <p>Bank Routing (ABA) Number: _____  <small>9 Digit Bank Code (see Sample on right side)</small></p> <p>Bank Account Number: _____  <small>6-15 digit account number (see sample in eight side)</small></p>

## All forms must be completed and include full payment in order to be accepted and processed

Please Include Credit/Debit or Checking Account Statement Billing address if different than provided first page

Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

I acknowledge and understand that all purchases and/or donations are **non-refundable** as set forth in the Privacy Statement at [www.antiochianevents.org/miami/terms-of-use](http://www.antiochianevents.org/miami/terms-of-use); and hereby authorize the Antiochian Archdiocese, Diocese of Miami and the Southeast Parish Life Conference, to charge the credit/debit card or bank account as set forth on this form for all purchases and/or donations. When paying by check, **only checks drawn from U. S. Banks** will be accepted (for all other payments, please use credit/debit card). All checks **will be processed electronically** (via E-Check/ACH). Please do not mail a check with form. *All checks/credit card charges will appear on your statement as Antiochian Archdiocese.*

Amount: \$ \_\_\_\_\_ (USD)      Date: \_\_\_\_\_

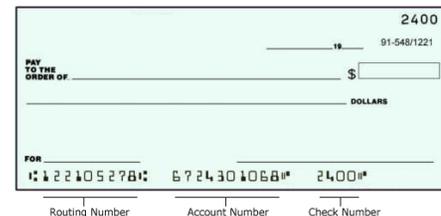
Signature \_\_\_\_\_

*Signature required for all forms; Unsigned forms will not be processed!*

### Sample Credit/Debit Card



### Sample Check



# Vendor Application Form



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## Vendor Deadline: April 8, 2024

CATEGORY NAME	ITEMS INCLUDED	AMOUNT (USD)
<p><i>The Department of Convention and Conference Planning (DCCP), on behalf of the Antiochian Archdiocese, has the final approval of all vendor applications for both Diocesan Parish Life Conference's and Archdiocese Conventions. The DCCP reserves the right to reject or cancel any vendor application at any time without cause at its own discretion. Any Vendor that is rejected will be informed no less than thirty days before the Parish Life Conference or Archdiocese Convention. All Vendor Applications must be submitted no later than the deadline above</i></p>		
<input type="checkbox"/> CATEGORY 1 - Vendor Display/Bookstore		\$100.00
<p><i>All Vendor's and Display Booth's that desires to sell items or actively solicit donations, or promote their ministry. All Vendors <b>must</b> be directly related to the Orthodox Church or they will not be allowed at the Conference. Secular-only vendors will <b>NOT</b> be allowed at the Conference. Shall be provided with one (1) table for informational purposes only (see below for additional tables). However, if they desire to sell items or actively solicit donations,</i></p> <p>1—Vendor Display Tables                      1—Archdiocese Registration (Exempt from Processing Fee)</p>		
<input type="checkbox"/> Extra Tables		\$50.00
<p><i>Base on availability and a first come basis any of the above <b>CATEGORIES</b> may purchase additional Tables</i></p> <p>Number. of Additional Tables: _____ x \$100.00 = _____</p>		
<b>TOTAL:</b>		\$ _____

**The prices set forth herein apply even after the deadline!** All individuals working at any Vendor or Display Booths are **required to register and wear, at all times, the Conference Badge.** To register additional individuals, go to the website address above. To ensure your Registration Badge is ready upon arrival, please complete the Conference Registration Form and return it by the Deadline. Vendor/ Display Booths requiring additional support, i.e. Audio/Visual, Internet/ Phone Access, or Electrical Outlets, etc., must contact the hotel directly, to make all necessary arrangements and pay the hotel directly for these charges. **Please email to the email address above, a description of your organization and products or services, No Vendor Application will be processed until the description is received.**

The undersigned Vendor/Displayer agree to hold harmless and to indemnify St. Stephen Orthodox Church of Hiram, Georgia, Antiochian Village, and the Antiochian Orthodox Christian Archdiocese of North America, their members, agents, affiliates, parishioners, guarantors, employees, and/or any assigns thereof, for any and all acts arising out of the sale/promoting of materials or any liability, costs, expenses, incidents, losses, and/or occurrences resulting from the undersigned's actions while selling/displaying materials at this Dioceses of Miami and the Southeast Parish Life Conference June 12 — 15, 2024.

Name: \_\_\_\_\_

Organization/Company: \_\_\_\_\_

Address: \_\_\_\_\_

City & State/Province: \_\_\_\_\_

Zip Code/Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Website Address:l: \_\_\_\_\_

Diocese: \_\_\_\_\_

Parish Name: \_\_\_\_\_

*Provide the Name and Group of the Individual registrant, receiving the Archdiocese Registration included with your Vendor package*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Group (Select One):  Adult  Clergy  Clergy Wives