**UPSTATE NEW YORK SYNOD ASSEMBLY MISSION EXPO 2019**

***YOU WILL BE MY WITNESS***

**MAY 30 – JUNE 1, 2019**

**APPLICATION FORM**

**I. IDENTITY**

Name of Ministry/Organization\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person/s\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Office Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**II. MISSION EXPO GOALS**

We as a Ministry/Organization hope to bring new excitement to our display as we attempt meeting stated goal by

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**III. MINISTRY/ORGANIZATION PURPOSE STATEMENT (In 25 words or less as related to this year’s theme)**

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**IV. ASSEMBLY REPRESENTATIVE \***

Assembly Contact (if other than above) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_ Check here if representative is NOT attending as a delegate or visitor and will need Assembly

schedule and information packet e-mailed prior to Assembly

**\* MUST STAFF DISPLAY FRIDAY, May 31st FROM 3:30 TO 5:15 pm**

**V. SPACE REQUIREMENTS (check all that apply – maximum of 2 tables/organization IF AVAILABLE)**

# HALF TABLE (4 feet) \_\_\_\_\_ ELECTRIC OUTLET \_\_\_\_\_

# FULL TABLE (8 feet) \_\_\_\_\_ EASEL STAND SPACE \_\_\_\_\_

# of CHAIRS \_\_\_\_\_ SHARED STAFFING \_\_\_\_\_ W/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SPECIAL NEED/REQUEST\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPLICATION DEADLINE IS APRIL 25, 2019**

**NO EXCEPTIONS**

Return application to: Carol Bonnewell

143 Leopard Street

Rochester, NY 14615

585-230-3718

[missionexpo2019@gmail.com](mailto:missionexpo2019@gmail.com)