



Southern New England Executive Offices Church of God

MEMORANDUM

TO: All Vendors
FROM: Rosalind Smallhorne, Conference Coordinator
RE: Vendor Space
DATE: January 27, 2026

Christian greetings!

Attached is an application for vendor space at the Women's Ministries Conference April 16- 18, 2026 in Stamford. Cost of Space: *\$150.00 per table for conference registrants, \$200.00 for non-registrants. Also, cost for racks space is \$75.00 per rack.*

Example 1 table and rack cost would \$225.00. Deadline for vendors applications is March 3, 2026.

Applications will be accepted and approved by the Southern New England Church of God Office; spaces will be allotted on a first come first serve bases. Spaces are limited; there will only be 12 table spaces so if you do not get a chance to send in your application you may not get a table space at the conference. Payment must be in form of cash, cashier's check, credit card or money order; we will not accept personal checks.

Important: *All vendors will set up on Thursday, April 16, 2026, between the hours of 1:00 p.m. and 6:00 p.m. per our Regional Women's Ministries Director Rev. Linda Scott. There will be no selling of items during service hours. Thursday & Friday night 7:00 PM ~10:00PM & Friday morning 11:00 AM – 2:00 PM*

*Please, **no one** will be permitted to bring any tables from outside.*

Thank you for your cooperation.



Southern New England Executive Offices Church of God

CHURCH OF GOD Regional WM Conference – April 16-18, 2026

DESCRIPTION OF ITEMS TO BE SOLD

NAME OF BUSINESS _____

PROPRIETOR _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE: _____ Email: _____

of tables _____ # of racks _____ Amount Enclosed \$ _____

(application will not be processed without payment)

I hereby acknowledge that I have read and will abide by the rules and regulations of the SNE Church of God. I agree that the SNE Church of God Regional Office and Conference Committee will not be responsible in any way for theft, damage from weather conditions, vandalism, acts of God or any other personal injury resulting from this event.

Signature of Applicant _____ Date _____

Signature of WM Director or Conference Coordinator

Mail to: SNE Church of God Regional Office
WM Conference Vendors
P.O. Box 675
Bloomfield, CT 06002

Please do not duplicate this application for anyone. All requests must come through the Regional Office.

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FOR OFFICE USE ONLY Date Received _____

Zelle payments to: RegionalWMD@sneog.com

Cash _____ Cashier Check _____ Money Order# _____

Credit Card# _____ Exp. _____ CVC# _____

of tables _____ # of racks _____ Total Cost \$ _____

**PO Box 675 Bloomfield, CT 06002 ~ Office (860) 986-7704 ~ Fax (860) 986-7703
Email: RegionalWMD@sneog.com**