



2nd Award Dinner & Fundraising Anniversary

Saturday, February 29, 2020

VENUE: 4 WEST 43RD STREET, NEW YORK, NY 10017

(PLEASE PRINT ALL INFORMATION CLEARLY)

Your Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Email Address: _____

Business Name: _____

Address: _____

Business Phone: _____ Websites: _____

Please provide a description of your product or services:

BOOTH SPACE: \$150.00 (Dinner/refreshment included)

Space is limited. First come, first served basis.

(Booth: 6-foot table top space, with 2 chairs – two persons maximum per booth)

Special Set-up needs: _____

The person or entity hereby agrees that they shall indemnify and hold harmless My Daughter Your Daughter, Inc. (MDYD.Org) against any liability for all claims and/or damages to property or person(s) arising out of or resulting from the conduct and activities of the applicant, its agents, employees or representatives.

Signature _____

Date _____

PAYMENT INFORMATION

Vendor Amount Enclosed: \$ _____

Make check or money order payable to Skadek Network International Promotions & Entertainment (SNIPE)

Please charge \$ _____ to the following credit card	
Account Type:	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover
Cardholder Name:	_____
Account Number:	_____
Expiration Date:	_____
CVV2 (3 digit number on back of Visa/MC, 4 digits on Front of AMEX)	_____
Signature:	_____ Date: _____

Signed Applications and Payments must be returned no later than February 13th, 2019

RETURN TO:

My Daughter Your Daughter.Org

H.E. HRH (Rev. Dr.) Prince A.Z.K. Adekoya, II.

175 Beach 97th Street

P.O. Box 930425

Rockaway Beach, NY 11693

OR EMAIL TO

executiveassistant@adekoya.nyc

For Official Use Only:

Received _____

Approved _____

Notes _____

My Daughter Your Daughter, Inc.

(A NON-PROFIT ORGANIZATION OF SKADEK NETWORK INT'L, INC.)

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