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COWLITZ CO VETERAN STAND DOWN AND EXPO PROVIDER REGISTRATION

PROVIDER REGISTRATION INFORMATION

Agency Name: _____ Date: _____

Address: _____
Street Address

_____
City *State* *ZIP Code*

Phone: _____ Email _____

Services you provide (we'll add this information to the Cowlitzveteransstandown.com website: _____

Do you need electricity? YES ☐ NO ☐

Will you have giveaway items for the Vets YES ☐ NO ☐ If yes, what? _____

Will you need more than 2 chairs at your table? YES ☐ NO ☐ How Many?

Any other accommodations we can provide? _____

Please initial by each statement

Please initial after by each statement.

☐ I understand I cannot solicit for funds, memberships, donations or sell items during the event.

☐ I understand there can be no political campaigning from any entity, soliciting votes, or political brochures, banners, flyers, etc., is strictly prohibited and will be enforced accordingly

☐ You agree to not pack up your area until 2:00pm when the event ends and to stay for the duration

☐ Your agency will help promote the Cowlitz Co Stand Down event

10:00am - 2:00pm
Monday, October 15, 2018
902 Ash Street
Kelso, WA 98626
Please return this form to Cowlitz_veteran_providers@ymail.com