

The Veterans Resource Fair at the Tacoma Dome  
Service Provider Registration Form  
June 21<sup>th</sup>, 2014  
A Multi-County Event

Please write the name of your organization below as you would like it to appear on the website and program:

Please identify the type of direct service you will be providing (such as dental, medical, financial, benefits, legal, housing, etc.). Please be as specific as possible.

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Please identify whether your agency is a Profit or a Non-profit

Non-Profit     For-Profit

Please list all staff (including yourself) that will represent your organization at the Stand Down:

Name:

Name:

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<hr/>	<hr/>
<hr/>	<hr/>

What will you need at the event?

Number of tables \_\_\_\_\_ and chairs \_\_\_\_\_ (Including chairs needed for clients.)

Do you need electrical outlet access? No  Yes  (If so please provide an explanation on why below. There are limitations as to how many service providers can have this option)

Do you need special accommodation? No  Yes

Please specify:

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Additional needs that we can assist you with? (Note: there are limitations as to what we can do):

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Main contact person for this event: \_\_\_\_\_

Phone #:    Work: \_\_\_\_\_    Cell: \_\_\_\_\_

Email: \_\_\_\_\_

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Return this form to Marleen Madding by email [j.m.madding@gmail.com](mailto:j.m.madding@gmail.com) by May 3, 2014

Thank you!