



MARCH 7 & 8, 2018

SHUGRUE'S BRIDGEVIEW ROOM

VENDOR APPLICATION

Due to limited space we can accept dementia and elder care related vendors only. Space will be assigned on a first-come-first-served basis as payment is received.

The fee of \$30.00 per day will include one staff representative

The tables are 4ft. x 4ft.

Shugrue's has 8 ft. tables that can be shared

Please contact Melissa Henak if you have questions via email: mhenak@jacksonwhitelaw.com, or call 928.727.0689

Please return this form and payment to: Havasu Community Health Foundation (address & fax at left)

under the umbrella of



Havasu Community Health Foundation

Acoma Executive Plaza
94 Acoma Blvd. S.
Suite 101
Lake Havasu City,
AZ 86403

928-453-8190
Fax:
928-453-8236

Company/Organization _____

Contact Name _____

Mailing Address: _____

E-Mail Address _____

Phone Number _____ Cell Number _____

I/We would like to be present for the Teepa Snow Conference for (please check day(s)):

___ March 7 @30.00 ___ March 8 @30.00

Total amount enclosed _____

www.havasucommunityhealth.org

Dementia Connection of Havasu is a partner under the umbrella of Havasu Community Health Foundation, a 501(c)3 public charity., Taxpayer ID #20-1839858

Office Use: Cash _____ Ck# _____ CC _____ Date _____ Initials _____ EXL _____ DonorSnap _____