



MARCH 7 & 8, 2018 ● 8:00 am to 4:00 pm
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 _____