



**FAR SOUTHEAST FAMILY STRENGTHENING COLLABORATIVE**

***“The Original” SAFE SUMMER 2018 Community Day***

**EXHIBITOR REGISTRATION FORM**

**DATE** \_\_\_\_\_

**Date of Event** \_\_\_\_\_

**Name of  
Organization** \_\_\_\_\_

**Name of CEO/ED** \_\_\_\_\_

**Name and Title of Contact** \_\_\_\_\_

**Organization  
Address** \_\_\_\_\_

**Phone** \_\_\_\_\_

**FAX** \_\_\_\_\_

**Email** \_\_\_\_\_

**Description of Exhibition** \_\_\_\_\_

**PLEASE CHECK:**  VENDOR TABLE  MOBILE UNIT  BOTH

**Please return completed form to FSFSC Safe Summer  
Via fax: (202) 889-2213 or email at [Safesummer@fsfsc.org](mailto:Safesummer@fsfsc.org)**