

## **WARRIOR GAMES WARRIOR SUMMIT**

**Transitional Resource Fair for Veterans & Families** 

## Wednesday, July 5, 2017

## **BOOTH REGISTRATION FORM**

Please print clearly	Application Date
Contact name:	Business Phone:
Cell Phone:	E-mail Address:
Organization/Business:	
Organization Type: (Check One)	
<ul><li>☐ Government Organizations</li><li>☐ 501(c)3 Organizations</li><li>☐ Others</li></ul>	<ul><li>☐ Jobs/Career Training</li><li>☐ Education (Including Non-profit)</li></ul>
Primary Service Provided:	
Can we put your organization/business' wek lf yes, what's the website address:	osite link on the program booklet? YES NO
ls your organization/business able to post o	ur event on your web site? YES NO
ls your organization able to host booth on b If no, which day do you prefer : Friday	
Please indicate what you	r organization will need for their booth
Booth Type: □General Booth □ Number of staff member attending: □□□□ Display/Other items you will bring: □□□□	
Each Vendor will be provided with one table and	two chairs.
Please return registration to: Warrior Summit Coalition, 567 W. Lake St STE. 2 E-Mail: info@warriorsummit.org	00, Chicago, IL 60661
For sponsorship information, please contact James Flagg at 773-606-6621 or <u>i</u> a	ames@warriorsummit.org.
	places highest priority on organizations providing direct o accept all applications. This is a free event for Veterans of
For office use only: Confirmation sent:	Booth type: Location assigned:

