Fredonia Back to School Health and Safety Fair VENDOR REGISTRATION FORM

221 East Hortt Fredonia, AZ 86022 August 14, 2014 5 to 7 p.m.

1. Please provide the following information for your organization's representative for this event:

Please complete and return the attached form to Stacy Lucero at slucero@coconino.az.gov

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Organization:	
Contact Name:	
Title:	
Address:	City/Town, State and Zip:
Email Address:	
Contact Phone:	Website:
<u> </u>	4 sentences) of your organization as well as a description of ir table: (please note that these will be shared with the other t):
Organization Description:	
Activity at the Event:	
3. What materials or services will be sha	ared with parents/students?
4. How did you hear about this event?	
5. Do you have any questions, commen address at this time? If yes, please inclu	ts, suggestions or special requests that you would like us to ide your response below.