



**20th Annual Western Navajo Diabetes Expo
Health Living Diabetes Education & Clinical Nutrition
Thursday, November 9, 2016
St. Jude Parrish Hall
10:00 a.m. – 2:00 p.m.**

Organization Name: _____

Address: _____

Contact Name: _____ **Title:** _____

E-mail Address: _____ **Phone:** _____

Booth Topic: _____

Please list individual who will be assisting at your booth.

Volunteer/s to help with set up & break down at the Expo. _____

Tables & chairs available.

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