

# Vendor Exhibit Table Registration Form

Please register by August 2st



## Contact Information

(All correspondence will be sent to this person.)

PLEASE PRINT CLEARLY

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

## On-Site Contact (day of event), if different from person above:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**\*PLEASE SEE Sponsorship Packet (for specifics concerning benefits and levels of sponsorship)**

**\*Indicate below your choice of Sponsorship:**

- I will support the National Recovery Month at level \_\_\_\_\_
- Our organization will support National Recovery Month at level \_\_\_\_\_
- I (we) would like an exhibit booth: \_\_\_\_\_ Nonprofit org.(\$50) \_\_\_\_\_ For Profit org.(\$100)

**PAYMENT** – \_\_\_\_\_CASH \_\_\_\_\_CHECK \_\_\_\_\_MONEY ORDER **Total amount due: \$**\_\_\_\_\_

SIGNATURE \_\_\_\_\_ Date: \_\_\_\_\_

**Make Checks Payable to: NCADD-GDA Payment is due in full (no refunds).**

\*The National Council on Alcoholism and Drug Dependence, Greater Detroit Area is a 501(c) (3) non profit corporation under the IRS code. Your donation may be tax deductible. Please check with your tax advisor.

Return form and payment to NCADD-GDA, Attn: MI Celebrate Recovery  
2400 E. McNichols, Detroit, MI 48212  
313-868-1340 office, 313-865-8951 fax

**Recovery Month** promotes the societal benefits of treatment for substance use and mental disorders, celebrates people in recovery, lauds the contributions of treatment providers, and promotes the message that recovery in all its forms is possible. **Recovery Month** spreads the positive message that behavioral health is essential to overall health, that prevention works, treatment is effective and people can and do recover. Your contribution makes it possible for these vitally important messages to be heard. Thank you!