

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!