

# Vendor Exhibit Table Registration Form

Please register by August 1st

# MICHIGAN

## Celebrate Recovery Walk & Rally

### 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