

HOPI TRIBAL HOUSING AUTHORITY

EXHIBITOR CONFIRMATION FORM



ORGANIZATION _____

PRIMARY CONTACT NAME: _____

TELEPHONE NUMBER: _____

ADDRESS: _____

EMAIL ADDRESS: _____

Attendee Contact Information (Please list the names of individuals attending from your organization)

_____	_____
_____	_____
_____	_____

Exhibit information – Please indicate what you would like your sign to read:

Will you need electricity? Yes ___ No ___
If yes, you will need to bring enough electrical cords to connect to an outlet

You will need to provide your own easel, display etc.

Will you have items that will require additional space? Yes _____ No _____

Donation item: _____

ONE (1) TABLE AND TWO (2) CHAIRS WILL BE PROVIDED INSIDE THE BUILDING.

Fax, Email or Mail the completed form no later than SEPTEMBER 20, 2024

HOPI TRIBAL HOUSING AUTHORITY

P.O. BOX 906

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