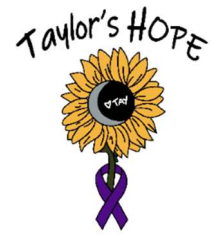


# Exhibitor Registration Form: An Afternoon of Hope



## Event Details

**Date:** May 16, 2025

**Time:** 3 PM to 6 PM (setup starts at 2 PM)

**Place:** West 6<sup>th</sup> and State Street; Erie, PA - Perry Square (West of Stage)

**Cost:** There is no cost for organizations to attend the event

**Other:** Setup will be first come, first served. Organizations may bring a table and/or small tent shelter and set up on grassy area west of the stage. There is no electricity for the exhibitors.

## Exhibitor Information

Company/Organization Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

## Exhibitor's Organization Links

Website: \_\_\_\_\_

Other Social Media: \_\_\_\_\_

## Exhibitor's Services (Check all that Apply)

Substance Use Disorder

Inpatient Services

Mental Illness

Outpatient Services

Education

Detox Facility

Prevention

Medically Assisted Treatment

Provision of Resources

Counseling

Other(s): \_\_\_\_\_

**Agreement and Signature:** By submitting this form, you agree to allow Taylor's HOPE to use your organization's name and links in advertising for the event.

**Authorized Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please scan and email this completed form to Taylor's HOPE at [taymillershope@gmail.com](mailto:taymillershope@gmail.com)

or...

Mail this completed form to Taylor's HOPE at P.O. Box 494; Fairview, PA 16415

An *Afternoon* of **H**  **PE**