

16TH ANNUAL CAP RESOURCE FAIR

VENDOR FORM

Organization Name:

Organization Address:

Organization Phone: _____

Organization Fax: _____

Organization Email :

Organization Website:

Contact Phone: _____ Contact Email: _____

Name(s) of Representative Attending: _____

Type of Organization (Circle One):

Non-Profit City Government School Church Other _____

Services provided:

Special Projects or Events:

Other information: _____

Subway Lunch Provided (Circle One):

Italian BMT Subway Club Veggie Delight Decline Lunch

Please note:

Must be registered by April 5th, 2019 to secure a table and participate in lunch