



**13<sup>th</sup> Annual STAND DOWN**  
**EMPLOYER/SERVICE PROVIDER REGISTRATION**

**Location:** 69 Grove St. Worcester, MA 01605

**Date/Time:** Friday, June 15<sup>th</sup> from 9:00 a.m. – 3:00 p.m.

**ORGANIZATION'S NAME FOR TABLE SIGNAGE:**

**MAIN CONTACT INFORMATION:**

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

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

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

**NAME(S) OF ATTENDEE(S):**


**SUMMARY OF JOBS/SERVICES YOU WILL BE OFFERING:**

Please be as specific as possible. If you are an employer, please indicate if you will have job openings available.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE CHECK WHAT ITEMS YOU NEED IN ORDER TO BEST SUPPLY YOUR SERVICES:**

Table       Do you need electrical outlet access? (If so, please bring an extension cord and a power strip.)

Chairs       Other (Please specify) \_\_\_\_\_

**Register early!** Vendors registered by June 1<sup>st</sup> will receive a free box lunch! After June 1<sup>st</sup>, box lunches will be provided for \$5. Please indicate if you desire a vegetarian option\_\_\_\_\_

**Please mail, fax, or email the completed employer/service provider registration form by Friday, June 1, 2018**

Attention: Stand Down Employer/Service Provider Registration  
69 Grove St. Worcester, MA 01605

**Email:** Standdown@veteransinc.org    **Fax:** (508) 752-0402

If you have any questions, please contact (508) 791-1213 x1154