



Employer/Service Provider Form

Friday, August 28, from 9 a.m. – 3 p.m., 69 Grove St. Worcester, MA 01605

MAIN CONTACT INFORMATION:

Organization's name: _____ Website: _____

Contact Person: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Work #: _____ Cell #: _____

Name of Attendee 1: _____ Attendee 2: _____

Attendee 3: _____ Attendee 4: _____

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:

1- 6 ft. Table Do you need electrical outlet access? (If so, please bring an extension cord and a power strip.)

2 - Chairs Other (Please specify) _____

Vendors will receive a free box lunch! Please indicate if you desire a vegetarian option: _____

A suggested donation of \$25 is appreciated **Amount donated \$** _____

*Please make checks payable to **Veterans Inc.**

Credit Card Information:

Please charge payment of \$ _____ to my Visa Discover MasterCard AMEX

Account Number: _____ Expiration Date: _____

CVV2 – Security Code: _____ Signature: _____

Sponsorship opportunities are also available.

Please mail, or email the completed employer/service provider registration form by Friday, August 17, 2020

Veterans Inc.

Attention: Stand Down Employer/Service Provider Registration

Address: 69 Grove St. Worcester, MA 01605 **Email:** Standdown@veteransinc.org **Fax:** (508) 752-0402

If you have any questions, please contact Tracy Dill (508) 791-1213 x1142

Provider information:

You will receive confirmation of the receipt and acceptance of your application. You will receive an assigned table space.

If you have a special request, please submit it to: tracydill@veteransinc.org

Further correspondence will not occur until the event but feel free to contact us at any time should you have a question or comment.