

# PROVIDER INFORMATION FORM

Organization Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

## SERVICE DESCRIPTION

Describe your booth or display—be brief, yet specific.

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Screening service: \_\_\_\_\_

Activity/demonstration: \_\_\_\_\_

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Awareness/information: \_\_\_\_\_

Giveaways: \_\_\_\_\_

Raffle prize donation: \_\_\_\_\_

## FACILITY NEEDS

You will be provided with one six-foot table and two chairs.

If you have additional needs, please note the number and size below:

\_\_\_ Tables

\_\_\_ Electrical outlets

\_\_\_ VCR and TV monitor

\_\_\_ Chairs

\_\_\_ 3 prong adapters

\_\_\_ Other (please specify your needs in detail)

## STAFF

Please note all staff who will be representing you at your booth.

NAME

TITLE OR CREDENTIALS

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Please note any other requirements you may have for participation.

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