



**ECHO**

Ending Community Homelessness Coalition

# **SERVICE & HEALTHCARE PROVIDER REGISTRATION FORM**

Homeless Resource Fair 2009 | November 14, 2009

Organization's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

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

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

1. How many tables are you bringing? \_\_\_\_\_

*Note: You must bring your own own 3'x 6' tables the day before the event. If you do not have a table, please contact Katie Falgoust to make arrangements.*

2. How many chairs will you need? \_\_\_\_\_

3. Will you be using audio/video equipment? \_\_\_\_\_

4. How many electrical outlets will you need? \_\_\_\_\_

5. Will you need volunteers and if so, how many and for what specific duties?

6. Please list additional needs (equipment, large vehicle parking, special needs, etc.):

7. Describe the services your organization will be providing:

**Space is limited.**

**Please return this form (email, fax, or mail) by October 30, 2009 to Katie Falgoust:**

Email: katie.falgoust@austingoodwill.org

Fax: (512) 480-5948

Mail: Attn. Homeless Resource Fair  
Goodwill Industries of Central Texas  
2001 Rosewood Avenue, Building B 2103  
Austin, TX 78702

Phone: (512) 480-0772 ext. 206