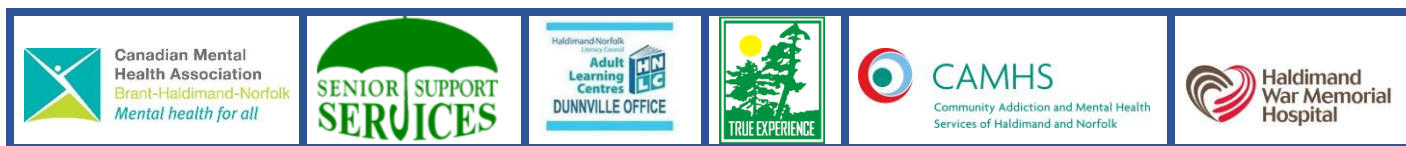


Mental Health Wellness Expo

Dunnville Lifespan Centre 275 Ramsey Dr.



Wednesday



9:30 a.m.
to
4:30 p.m.



REGISTRATION

Agency/Business: _____

Contact Person: _____

Title: _____

Contact information: _____ Address

_____ Telephone

_____ E-mail

**LET'S START
THE CONVERSATION**

Please provide a description of the focus of the display/booth (for promotional and registration purposes) Set –up at 8:00 a.m. – 9:30 a.m. the day of the event

Do you require an electrical outlet? _____yes _____no

Table Space 6'- Table coverings will be supplied.

REGISTRATION FEES: \$25.00 _____ Community Partners

For Purchase: the Snack Bar will be opened 10:00 a.m. – 3:00 p.m.

Please submit payment along with your registration form to:

True Experience Supportive Housing and Community Work Program

201 Forest Street East

Dunnville, ON

N1A 3G5

Email: sharon@trueexperience.ca or Fax: 905-774-4620

By Friday, January 18, 2019

For office use only

Date received _____ Payment received _____

Receipt issued _____ Follow call made _____