

REGISTRATION FORM

Name of organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone _____ Cell: _____

Email: _____

Do you need electric?

There is no charge for this event. Tables will be provided for you and we will begin setting up at 2 PM on Thursday afternoon in the fellowship hall. We look forward to your participation!

Please return registration form by 9/19 to reserve your table.

Cheryl Falzone, Arc of Northeast Mississippi

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Or Leslie Junkin, MSPTI

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