|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Primary Contact Name: | | |  | | | |
| Agency Name: | | |  | | | |
| Agency Phone No.: | | |  | | | |
| Street Address: | | |  | | | |
| City/State/Zip | | |  | | | |
| Best Time of Day to be Reached | | |  | | Primary Contact Cell Phone: |  |
| Contact Email: | | |  | | | |
|  | | | | | | |
| * **Vendor space is available at NO cost. However, if you desire a box lunch and snack the cost to you is $12.50.** * **Set up time 9:30am** * **All resource vendors must register for the Family Conference. (**[**Registration is Free**](https://www.eventbrite.com/e/2022-ihmfc-family-conference-family-reunion-tickets-420887514887)**)** * **All tables must be covered.** * **All vendors are responsible for their table covering** | | | | | | |
| 🞎 | | Yes, I want a Box Lunch and Snack at $12.50 each | | | | |
|  | | No of Box Lunches and Snacks | | | | |
|  | | Number of Person(s) at your table | | | | |
|  | | | |  | | |
| **Please make checks payable to:** | | | | | | |
|  | Indiana Health Marriage and Family Coalition •5363 Georgetown Rd. •Indianapolis, IN 46254    Or send $12.50/box lunch electronically to : | | | | | |
|  | Contact [justernestine21@gmail.com](mailto:justernestine21@gmail.com), if you have questions. **You will receive a confirmation.**  **The deadline for receipt of check payments is Oct. 20, 2022.** | | | | | |