MIAMI-DADE
COMMUNITY ACTION AGENCY

ANNUAL COMMUNITY RESOURCE FAIR
PARTICIPANT REGISTRATION FORM

Please indicate the event you are interested in participating in:

☐ Community Resource Expo, May 24, 2006 at the Joseph Caleb Center, 200 NW 54th Street

Please indicate the category that best suits the services you provide:

☐ Sponsor ☐ Health Service Provider (Health Fair)
☐ School/College (Education) ☐ Community Organization (Community)
☐ County/Municipality (Government)

_____
Organization/Company Name

_____ _____
Name of Contact Person Title

_____ _____
Telephone Number Fax Number

_____ Number of persons attending (limit 2)

Please list any special considerations or needs you may have:

☐ Electrical Outlet ☐ Display Area ☐ Workshop
☐ Disability Access ☐ Set-Up Assistance ☐ Scheduled Events
☐ Other: _____

Please return this form by faxing it to (305) 372-8745 to:

David Allison-McPherson
Chief Marketing Officer

We would like to thank you for your decision to join us in for these event(s), and we hope that our combined efforts will continue to enhance the lives of the residents of Miami-Dade County who benefit from our services.

The employees of Miami-Dade Community Action Agency through their continued support of the Community Action Agency Foundation make this event possible. www.caafoundation-miami.org