



Emergency Preparedness Conference for People with Disabilities



Business Name: _____

Mailing Address: _____

City: _____ Zip Code: _____

Telephone: _____

Please describe your business, and what your table will be promoting:

Electrical outlet needed: _____ Yes _____ No

Any special requests or accommodation:

Contact Name: _____

Email: _____

Contact Cell/Phone:

(We will only use this number if something changes the day of the event)

Due Date is: May 8, 2019 at 5pm

Email to: ktowles@cilncf.org or fax 352-629-0098

