



Twenty-Second
Annual Conference on Youth
Service Provider Fair
Thursday, October 13, 2011
Response Form

Agency: _____

Address: _____

City, State, ZIP: _____

Phone Number: _____

Contact Person: _____

Email: _____

Name(s) of booth representative(s): _____

Please indicate the Assets, of the 40 Developmental Assets, your agency builds, so we may include this information in a handout provided to all conference participants in the list of assets is available on our website www.greatkidsallencounty.org:

Basic Booth registration includes one 8 foot, skirted display table (\$45).

Electricity (additional \$25)

Breakfast and Lunch (\$30 per person), please indicate number needed and if any lunches need a vegetarian option: _____

CEU's (\$8 per person – will need to sign in/out at registration) number of people
Requesting CEU's: _____

Add all lines for Total Payment: _____

Make Checks Payable to: Great KIDS make Great COMMUNITIES (may be sent at a later time)

Please Register by **September 23, 2011** to: Megan Kelly

Great KIDS make Great COMMUNITIES
715 South Calhoun Street, Room 208
Fort Wayne, Indiana 46802
FAX: 260-449-3921
Email: mkelly@greatkidsallencounty.org