

# VALLEJO OUTREACH

Event Date: Saturday, July 17, 2010 @ 11 am

Registration Form

---

---

Registration for:

Health Fair \_\_\_\_\_

Job Fair \_\_\_\_\_

Academic Fair \_\_\_\_\_

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Email: \_\_\_\_\_

Organization Representative: \_\_\_\_\_

Title: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

---

**Table Registration Fee is \$100/table.**

*\*\* Table not guaranteed until full payment is received. \*\**

Payment Method:

Check: \_\_\_\_\_ Credit Card: \_\_\_\_\_

Name as it appears on Credit Card: \_\_\_\_\_

Credit Card Type:

Visa: \_\_\_\_\_ MasterCard: \_\_\_\_\_ American Express: \_\_\_\_\_ Discover: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Please complete and send with your form of payment.

Email to: [info@vallejooutreach.org](mailto:info@vallejooutreach.org)

Fax to: 707-644-4453

Mail to: Vallejo Outreach

Attn: Fair Coordinator

210 Locust Dr, Vallejo, CA 94591

Phone : 707-644-4451