



# Vendor / Exhibitor Space Registration Form

## Friday October 22 – Saturday October 23, 2021

Please complete this form and email to Patti@onecommunitynow.com  
For questions, please contact Patti at (727)858-6117

**Deadline for Registration**  
**October 8, 2021**

Please print legibly

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

**Contact Person:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Contact Email:** \_\_\_\_\_ **Contact Phone:** (\_\_\_\_) \_\_\_\_\_

**Company Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Type of Business:**  Alternative Therapies  Dental  Education  Employment  Housing  
 Insurance  Legal  Medical  Mental Health  Recovery  Support  Therapies  
 Veterans Services  Disability/Benefits  Other: \_\_\_\_\_

- **\_ What services will your agency provide at the Stand Down?** \_\_\_\_\_
- **\_ Each vendor space under the pavilion includes: one - 6 ft. table and 2 chairs. If you need more please explain why:** \_\_\_\_\_
- **\_ Do you have a request to be set up near another vendor? Who:** \_\_\_\_\_
- **\_ Vendors with vehicles (buses, RV's, etc), what is the size of your vehicle:** \_\_\_\_\_  
**Will you require electricity? Yes  No  if yes explain:** \_\_\_\_\_
- **\_ We provide lunch and snacks throughout the day. Please tell us the number of your staff planning to attend each day: Friday: \_\_\_\_ Saturday: \_\_\_\_\_ First and Last Names of each staff person attending:** \_\_\_\_\_  
\_\_\_\_\_
- **\_ Have you participated in the OCN Operation Stand Down in previous years?  Yes  No**
- **\_ Any additional information you would like to provide:**

*\*Please note, wireless internet services will not be available during event. Do not bring children to the Stand Down. Please do not bring valuables with you to the Stand Down. Please dress for the weather, this is an outdoor event. Please call with any questions.*



## Workshop Presentation Registration Form

Each presentation should be no longer than 30 minutes including Q & A.  
Presentations will be scheduled:

Friday from 3:15 – 5:00 pm, 7:00 – 8:00pm

Saturday from 8:30 -9:30 am, 3:15 – 5:00 pm and 7:00-8:00 pm

Sunday from 8:30 -9:30 am

Veterans will earn credit for each workshop they attend. Credit will be redeemed for donations/gift cards.

Title for Workshop: \_\_\_\_\_

Presenter Name: \_\_\_\_\_ Title: \_\_\_\_\_

1-2 sentence summary of workshop: \_\_\_\_\_

Which day(s) & times would you be available to present?

- Friday 3:15 – 5:00 pm     Friday 7:00 – 8:00 pm  
 Saturday 8:30 -9:30 am     Saturday 3:15 -5:00 pm     Saturday 7:00 - 8:00 pm  
 Sunday 8:30 -9:30 am

\_\_\_\_\_

Title for Workshop: \_\_\_\_\_

Presenter Name: \_\_\_\_\_ Title: \_\_\_\_\_

1-2 sentence summary of workshop: \_\_\_\_\_

Which day(s) & times would you be available to present?

- Friday 3:15 – 5:00 pm     Friday 7:00 – 8:00 pm  
 Saturday 8:30 -9:30 am     Saturday 3:15 -5:00 pm     Saturday 7:00 - 8:00 pm  
 Sunday 8:30 -9:30 am