**SDMFC 2019 Annual Summit Community Resource Table Application**

Please fill out this application to qualify for our Community Resource Table for SDMFC’s 2019 Annual Summit. Thank you.

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

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Org. Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Contact Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you an SDMFC Member: -YES -NO

Short Answer:

1. Why would you find it beneficial to participate in SDMFC’s Annual Summit as a community resource table provider?

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1. Briefly describe your agency and the services you provide for military families?

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Please acknowledge by initialing below:

\_\_\_\_I have/will register for the SDMFC Annual Summit as a guest/attendee

\_\_\_\_I am willing to share a resource table with another organization due to limited space

I understand that eligibility for a Community Resource Table is contingent upon registering 1 staff for the Annual Summit event. This application does not guarantee a table as SDMFC has limited space available community resource tables for this event. If the event registration is not completed by **October 18th** **2019**, your organization may NOT be eligible for this opportunity. Please email all completed applications to Danny Romero (dromero@saysandiego.org).

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Representative Signature Date