**Virginia Department of Criminal Justice Services**

**Envision: Creating Paths of Resiliency for Underserved Domestic Violence Survivors**

**October 10-11, 2019 Hotel Madison**• **Harrisonburg, Virginia**

### EXHIBITOR APPLICATION

### Thank you for your interest in exhibiting at the Envision: Creating Paths of Resiliency for Underserved Domestic Violence Survivors Conference. Please fill out the following form for consideration of obtaining an exhibitor/vendor booth for the upcoming conference. Space is free.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SECTION A: Applicant Information *This section will provide additional information about you, the applicant.* | | | | | | | | | | | | | | | |
| 1. Name of Applicant: | | | | | |  | | | | | | | | | |
| 2. Applicant’s Position: | | | | | |  | | | | | | | | | |
| 3. Applicant’s Organization: | | | | | | |  | | | | | | | | |
| 4. Street Address: | | | | |  | | | | | | | | | | |
| City: | | |  | | | | | | State: | |  | Zip Code: | |  |
| 5. Phone: | | | |  | | | | | Fax: |  | | | | |
| Email: | | | |  | | | | | | | | | | | |
| 6. Type of Organization: | | | | | | | |  | | | | | | | |
|  | | For Profit | | | | | |
|  | | Nonprofit | | | | | |
|  | | | | | | | | | | | | | | | |
| **SECTION B: Resources Requested** *(check all that apply)*  Will you require:  **A minimum of two days is required** | | | | | | | | | | | | | | | |
|  | Electricity Do you plan to attend both days (October 10 and 11)  Yes  No | | | | | | | | | | | | | | |
|  | Internet If no, what days do you plan to attend: | | | | | | | | | | | | | | |
| **SECTION C: Brief Description**  *Please provide us with a brief description of organization and any products you plan to sell***.** | | | | | | | | | | | | |
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**SECTION C: Authorization Signature**

*This section ensures that you have read the attached exhibitor agreement form and accept the terms. You can have up to two people man your exhibit space. Please provide their name and organization.*

Signature Date

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Phone Number Email Address

Please return the completed form to Candace Miles:

Email: [candace.miles@dcjs.virginia.gov](mailto:candace.miles@dcjs.virginia.gov) • Phone: (804) 371-6507 • Fax: (804) 786-3414