

TOBACCO-FREE DAY AT THE CAPITOL
TUESDAY, MARCH 31, 2009
REGISTRATION FORM

Name: _____

Organization: _____

Address: _____

Email : _____ Phone: _____ Fax: _____

Exhibitors MUST complete the following section.

Do you need a table for your exhibit ? **YES** **NO**

Do you need a table with access to an electrical outlet? **YES** **NO**
(Our best attempt will be made to meet your need, but no guarantee)

Please provide your own extension cord and table cover if desired

What program or issue will be the focus of your display?

Will your display provide any services or activities? (Such as screenings, BP checks, games, etc.)
YES **NO**

If Yes, what? _____

How many people will be attending with your exhibit? _____
Please provide names, if possible. _____

Please return your completed form by February 25, 2009:

Coalition for a Tobacco-Free West Virginia
Attn: Cinnie Kittle
100 Association Drive, Charleston, WV 25311
Phone : 344-9744 Cell : 419-0899 Fax: 304-344-9745
E-mail: ckittle@wvha.org

Set-up times, agenda and other specific details will be posted here in the near future.
All event registrants will receive these details via e-mail as well.