



## VENDOR REGISTRATION FORM

**Please complete the form below and send via email to:**  
[flouis@communitybasedconnections.com](mailto:flouis@communitybasedconnections.com)

**(There is no cost to participate in this event.** Space will be granted in the order your vendor registration form is received. Space includes a table and two chairs. A continental breakfast will be provided. All vendors are asked to bring an item for the community raffle.

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

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

Phone: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Email address: \_\_\_\_\_

Number of attendees: \_\_\_\_\_

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

Please use the below address and fax number if you would prefer to mail or fax your registration form (Please note space will be granted in the order forms are received, email is best): Falone Pierre Louis, Community Based Connections, Inc., 1021 NW 6<sup>th</sup> Street, Ft. Lauderdale, Florida 33311 PH: (954) 908-5249 Fax: (954) 524- 2119