



WELCOME AGENCIES & ORGANIZATIONS
Annual Child Advocacy Expo
Information Request Form

First Time Attendee/Guest_____ **Update Information** _____ **Attendees #**_____

Name of Agency/Organization: _____

Please add your website link to the Angel Website: Yes _____ No _____ **Non-Profit** Yes _____ No _____

Website Address: _____

Email Contact Address: _____

Contact Name/Phone: _____

Email information to: Sandy Kearney sandy@sandykearney.com or Nicole Spinelli nspinelli@purebarre.com

Visit our website: www.angelsagainstabuse.org for more information. Click on the "Resource" page for links to all of our community partners and resources.

If you would like to be added to our Newsletter mailing list to stay connected please let us know. Yes _____ No _____

PLEASE MAKE SURE YOU CONTACT ANGELS AGAINST ABUSE, INC. IF ANY OF YOUR CONTACT INFORMATION NEEDS TO BE UPDATED. THIS WILL HELP US TO MAKE SURE YOU STAY CONNECTED FOR FUTURE EXPOS.

Thank you For Your Participation and Support

We want to know what you think. Please complete the short survey on the reverse side of this form.

We welcome your comments so we can better serve you!

PLEASE REGISTER YOUR N THE EXPO

2200 Tall Pines Drive, Suite 100 Largo FL 33771
Angels Against Abuse is a 501(c) (3) nonprofit organization, Federal Tax ID#26-3694664
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