**VENDOR REGISTRATION FORM**   
**Familia Dental would like to invite you to join us for the Familia Dental: Patient Appreciation Fall Festival, sponsored by Familia Dental, 4740 W 38th St. Indianapolis, IN 46254**

We invite you to display the services you provide to our community!

**October 26, 2019**

**12:00am-3:00pm**

**Familia Dental Office**

**4740 W 38th St. Indianapolis, IN 46254**

Please fill out the items below and return via email

Name of Agency/Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone/Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Please provide the following information in order that we may accommodate you as best as possible.**

How many will be attending? \_\_\_\_

Will you be offering any type of screening? \_\_\_

Will you be doing a seminar/presentation? \_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any special needs below:

Thank you in advance for your participation!

**For more information please contact:**

Narieliss Andino

**Community Relations Coordinator**

Phone: 317671-4167

**Please-email Registration Forms by October 18, 2019 to** [**nandino@familiadental.com**](mailto:nandino@familiadental.com)