



**Anti-Bullying Resource Fair  
Provider Registration Form  
Sunday, October 27<sup>th</sup> from 1-6pm  
Congregation Beth Israel – 542 New Middletown Road, Media**

\_\_\_\_\_ YES, we will be participating in the health event.  
\_\_\_\_\_ NO, but my organization will provide the materials, support or information described below.

Name of Organization: \_\_\_\_\_

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

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

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

E-mail: \_\_\_\_\_

Name of individual(s) that will attend the event: \_\_\_\_\_  
\_\_\_\_\_

Topic, service or interactive activity you will provide if attending: \_\_\_\_\_  
\_\_\_\_\_

Materials, support or information you will provide if unable to attend the event: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please let us know of any needs that you have for your exhibit. Check all that apply.

\_\_\_\_\_ table \_\_\_\_\_ chairs (#\_\_\_\_) \_\_\_\_\_ electrical outlet  
\_\_\_\_\_ other \_\_\_\_\_

**Please return registration to:**

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