

Provider Agency Registration Form



“Stand Down for Homeless Veterans”
Washington County Convention Center
1040 South Raceway Road
Greenville, MS 38703



Gulf Coast Veterans Advocacy Council, Inc.

Last Name _____ First Name _____

Title _____

Organization _____

Phone _____ Cell _____

Email _____

Address _____

City _____ State _____

Zip _____

Event Date: SATURDAY, September 26, 2020 10:00 AM – 2:00 PM

Please mark each selection with an **X** that applies to your agency.

My agency can provide Water or Drinks or food for the event. Yes ___ NO ___

Special request- please specify

Please return this form to Gulf Coast Veterans Advocacy Council, Inc. email.
tnmagee.gvac@gmail.com

Closing Date for Providers Form 09/21/2020 Close of Business.



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