

SPONSOR REGISTRATION
SAFETY & HEALTH DAY IN TOLEDO
MAY 18, 2011

Company Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Sponsor Booth Information:

Product or Service Representing: _____

Power Needed: _____ Yes _____ No Number of outlets _____

Would you like registration/publicity forms to distribute: _____ Yes _____ No

Number desired: _____

In the ***enclosed envelope return this form**, your check for \$1,000.00 made payable to:
Safety & Health Day in Toledo, and **your company logo slick**.

For further information contact:
Craig Wolin
Sponsorship Committee Chairman
c/o Mercy Occupational Health
2213 Cherry Street
Toledo, Ohio 43608
419-251-4957

Committee use only: Date received:

Date paid:

Date confirmation mailed: