

# EXHIBIT OPPORTUNITY

In support of Suicide Prevention Month, Delaware presents  
**2016 Military & Veterans Mental Health Summit**

**CHASE CENTER on the Riverfront**  
**815 Justison St.**  
**Wilmington, DE. 19801**  
**Wednesday September 14, 2014 8:30AM-3PM**

The Delaware Suicide Prevention Coalition is pleased to announce the **2016 Military & Veterans Mental Health Summit** in support of Suicide Prevention Month. This event will present and disseminate information and resources to veterans, service members, families and support members in Delaware. The event will emphasize workshops for service providers who may work with veterans and the military.

## **Vendor Fee: \$100**

Fee Includes:

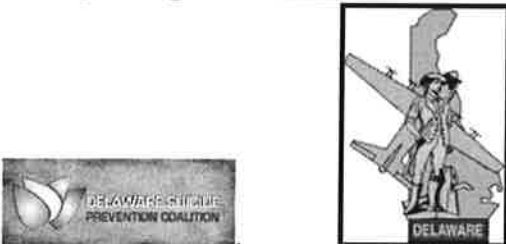
\*One 6' table and two chairs; 2 people exhibiting/attending from each organization

\*You will need to exhibit for the entire day (8AM-3PM)

**Checks should be made payable to:** Mental Health Association in Delaware 100 W 10th St #600, Wilmington, DE 19801 **You may also pay via credit card on the MHA website at [www.mhainde.org](http://www.mhainde.org)**

We hope your organization will want to be included, so please complete the attached exhibitor form as soon as possible. Do not miss out on this important event. There are a limited number of spaces available, so **REGISTER NO LATER THAN MONDAY AUGUST 22, 2016.**

We look forward to seeing you on Wednesday September 14, 2016. Should you need any additional information, please do not hesitate to call Mike Gavula at 302-332-8766 or via email at [mike.gavula@uhsinc.com](mailto:mike.gavula@uhsinc.com).



Delaware Health and Social Services



Dover Behavioral Health System  
*Caring, Consistent, Collaborative Healthcare*



MeadowWood  
Behavioral Health System

# EXHIBITOR REGISTRATION

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**Exhibitor set-up time:  
Wednesday, September 14, 2016 @ 7:30am**

Company/Organization: \_\_\_\_\_

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

Contact Name(s) : \_\_\_\_\_

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

Description of Information Display/Screening Service:

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Please check if

- Electricity Needed : \_\_\_\_\_

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SIGNATURE OF EXHIBITOR'S AUTHORIZED REPRESENTATIVE

Date

SEND FORM VIA EMAIL OR FAX TO:

Mike Gavula  
[mike.gavula@uhsinc.com](mailto:mike.gavula@uhsinc.com)  
Rockford Center  
302-332-8766  
Fax: 302-996-0269

PLEASE SEND CHECK TO:

Mental Health Association in Delaware  
Attn: Emily Vera  
100 W. 10<sup>th</sup> St. #600  
Wilmington, DE 19801