

NJECC CHARITY FAIR REQUEST FORM

If you would like to request charities to provide a display for an ECC event or meeting at your office, please complete this form. <u>Please allow THREE (3) WEEKS for arrangements</u>.

Event Date:		
Event Location:		
Event Address:		
# of Emp. At Location:		
	rmation – Please provide details to help agency representatives ck-in, if picture ID is required, etc.	know
Charity Set-Up Time:		
Event End Time:		
Event Coordinator Name:		
Event Coordinator Email:		
Event Coordinator Phone	:	
Total # of Charities Reque	ested (1 or 2 charities/table) :	
NJECC Table Set Up Requ	uested Yes No	
Credit Union of NJ Invite	Yes No	
Tables and Chairs Provide	ed Yes No	