**Southeast Community Health Systems**
**Mental Health & Crisis Resource Fair – Fall 2025**
**Resource Table Registration Form**

**Event Location:** 5th Ward Recreation Park, Amite, Louisiana
**Event Date:** Wednesday, October 16, 2025
**Event Time:** 10:00 AM – 1:00 PM
**Booth Setup Begins:** 8:00 AM

Thank you for your interest in participating in Southeast Community Health Systems’ Mental Health & Crisis Resource Fair. Resource Table is **free** and available to organizations, agencies, and businesses that provide services or resources supporting mental health, crisis response, or overall community well-being. Please complete the form below to register.

**Organization/Business Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Contact Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Mailing Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_ ZIP Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Type of Organization (check all that apply):**
☐ Healthcare/Medical
☐ Mental Health Services
☐ Crisis Support
☐ Nonprofit/Community Organization
☐ Government Agency
☐ Educational Institution
☐ Other (please describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Will you be distributing materials or giveaways?**
☐ Yes
☐ No

**Please describe the services or resources your resource table will provide:**

**Authorized Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please bring your own table. Please bring one door prize.**

**Please return completed form to:**
Nanette Bester
Outreach Director
Southeast Community Health Systems
Phone: (225) 306-2081
Email: nbester@shchc.org