**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