Southeastern Michigan Veteran
Stand Down Inc.
P.O. Box 1660
Warren, MI 48090
Cellular: 248-808-0929
Fax: 313-576-1191
e-mail: Gunnywilcox@aol.com

PROVIDER EQUIPMENT FORM FOR 2009

1. How many tables: ___ 2. How many chairs: _____

3. How many electrical cords/outlets: _____

4. How many phone lines: ____
(If you can use wireless please note below)

5. Do you have wireless connection: _____

6. Do you need wireless connection: _____

7. How many signs on the tables: _____

8. What to say on the signs:_____

_____

9. Type of service: _____

10. How many volunteer's will be attending? _____

11. Shirt Size's Needed: __ S/ __ M/ __ L/ __ 1XL/ __ 2XL/ __ 3XL

Name/Organization:_____

Address: _____

City: _____, State _____ Zip _____

Contact person: _____

Telephone number day: _____

Telephone number night: _____

PLEASE MAIL TO ABOVE ADDRESS OR FAX TO: VA MEDICAL CENTER, ATTN: Linda Jones. Return by October 1, 2009.