Enclosure (4)

PUBLIC SERVICE RECOGNITION WEEK
Mall Exhibition Program – Agency Participation Form
(Lakeside Shopping Center)

Date of Event: Thursday, May 7, 2009
Time of Event: 10:00 a.m. – 5:00 p.m.

PLEASE E-MAIL OR FAX THE FOLLOWING INFORMATION, NO LATER THAN APRIL 13, 2009 TO:

Ms. Charlene Reynolds
Mall Event Chair
E-mail: charlene.reynolds@doe.spr.gov
Phone: (504) 734-4565
Fax: (504) 818-5565

AGENCY NAME (DEPARTMENT/AGENCY): _____

CONTACT PERSON/TITLE: _____

CONTACT PERSON'S TELEPHONE NUMBER: _____ **FAX NUMBER:** _____

CONTACT PERSON'S E-MAIL ADDRESS: _____

MAILING ADDRESS: _____

- **Do you plan to participate in this year's PSRW Mall Exhibit?** ☐ **Yes** ☐ **No**
- **If yes, please briefly describe your exhibit.**
  (Type: (Stand alone, table mounted, mechanical, etc.)

  _____

- **Dimensions: Height:** _____ **Width:** _____ **Length:** _____
- **Do you have unusual displays that require any special accommodations?**
  If so, please specify.

  _____

- **How many 3 x 6 foot tables will you need?**

  _____

- **How many chairs will you need?**

  _____

- **Does the exhibit require electricity?** ☐ **Yes** ☐ **No**

- **Will you be providing special demonstrations a the Mall (e.g., Border Patrol Robot, Drug-sniffing dogs, Smokey the Bear, Woodsy Owl, etc.) ? If yes, please describe:**

- **Do you have handouts (pamphlets, buttons, bags, etc.) to distribute to the public during the event?** ☐ **Yes** ☐ **No**

  If yes, please describe:

WE ENCOURAGE YOU TO USE THIS TIME TO PROVIDE CAREEER/RECRUITING INFORMATION FOR YOUR AGENCY.

- **Will you provide career/recruiting information?** ☐ **Yes** ☐ **No**

- **Please provide a short mission statement of your facility that may be used in promotional material provided to the general public.**