Date: April 7, 2018

Project Report: St. Louis County Health and Human Services Conference (SLCHHSC)

Project Managers: Robin Evanson & Marvella Davis

We have completed the exhibitor's application and made payment of $275 for the upcoming SLCHHSC held this year on October 11-12.

We have again signed up in cooperation with Naranon. They have been advised of our application and we should be receiving a check in the amount of $137.50 for half the registration fee.

Please see attached application and receipt.

In loving service,

Robin & Marvella

Application ID: 2018-0005749
Description: Exhibitors
Application Date: 03/10/2018
Effective Date: 03/01/2018

EXHIBITOR REGISTRATION

At the October 11-12, 2018, St. Louis County Health and Human Services Conference, exhibits will be located in South Pioneer Hall at the Duluth Entertainment Convention Center (DECC).

The exhibitor fee is $275, payment is due August 10, 2018 to ensure your exhibitor booth which includes the following:

- Organization's name in the conference exhibitor folder
- Two parking permits
- A skirted and curtained area with an eight-foot table
- Two chairs
- Wireless Internet
- Electricity if necessary

It is expected that your booth will be available at peak times, such as during breaks, lunch on both days, at the start of each day, and that you keep your booth open until Friday, October 12 at 1:30 p.m.

We look forward to your participation as an exhibitor. Please call us with any questions.

An informational letter, with complete exhibitor details, will be sent to all registered exhibitors by Friday, September 14, 2018.

Juli Lattner, Co-Chair, Health and Human Service Conference
Telephone: (218) 726-2446
Email: lattnerj@stlouiscountymn.gov

For accounting questions call Cori Helget at (218) 726-2292 or hhsconference@stlouiscountymn.gov.

CONTACT INFORMATION

If the information is not correct, you may need to update your contact information using the 'Maintain Contact Information' option once you have filled out this application.

First Name:	**Robin**
Last Name:	**Evanson**
Address Line 1:	**NLANA**
Address Line 2:	**PO Box 16934**
City:	**Duluth**
State/Province:	**MN**
Postal Code:	**55816**
Business Phone:	**--**
Mobile Phone:	**2183905847**
Email Address:	**reevan86@gmail.com**
Preferred Contact Method:	**Any**

APPLICANT NAME AND INFORMATION

If you are the applicant and your contact information for this application needs to change, any changes made below will be used for this application.

First Name:	**Robin**
Last Name:	**Evanson**
Address Line 1:	**NLANA**
Address Line 2:	**PO Box 16934**
City:	**Duluth**
State/Province:	**MN**
Postal Code:	**55816**
Business Phone:	**(218)390-5849**
Extension:	**--**
Mobile Phone:	**(218)390-5849**
Email:	**reevan86@gmail.com**
Preferred Contact Method:	**Email**

AGENCY INFORMATION

Employer:	**NLANA**
Street Address:	**PO Box 16934**
Suite or Building #:	**--**
City:	**Duluth**
State:	**MN**
Postal Code:	**55816**
Supervisor Name:	**NLANA**
Supervisor Phone:	**(218)390-5849**
Supervisor Email:	**reevan86@gmail.com**
Website:	**--**

AGENCY/BUSINESS MAILING ADDRESS

This is the address where correspondence will be mailed. The email address provided will be the email address used for email correspondence and notices. You may set your preference for receiving correspondence via mail or email.

Same as business address?	**Yes**
Agency/Organization Name:	**NLANA**
Street Address:	**PO Box 16934**
Suite or Building #:	**--**
City:	**Duluth**
State:	**MN**

State: [illegible]
Postal Code: **55816**
Email: **reevan86@gmail.com**
Correspondence Method: **Email**

SUBMITTER DISCLAIMER

By submitting this application, I certify that statements made in this application are true and inclusive to the best of my knowledge. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment. I am aware that St. Louis County, MN reserves the right to examine supporting documentation and information provided herein. If your name, contact information or email address have changed, you should update your contact information in the portal by selecting 'Maintain Contact Information' at the top of this page.

I have read and agree to the statement above. **I agree**

Select 'Review Fees' to continue.

FEES DUE

Amount Due: **275.00**

Application ID: 2018-0005749
Description: Exhibitors
Application Date: 03/10/2018
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Your payment has been accepted. Below are the details of your receipt. Please print a copy of this receipt for your records.

Payment Accepted From:

First Name:	**Robin**
Last Name:	**Evanson**
Address:	**NLANA**
City	**Duluth**
State:	**MN**
Zip:	**55816**

Regarding:

Application ID:	**2018-0005749**
Payment Date:	**3/10/2018**
Amount Paid:	**275.00**
Receipt Number:	**2036**