



18th ANNUAL COMPTON VETERANS STAND DOWN
December 18th, 2021 (doors open at 6am)
700 N. Bullis Rd. Compton, CA. 90221

VENDOR REGISTRATION

ATTENDANCE: we are asking all interested organizations participation in this one day event

SATURDAY

ORGANIZATION NAME: _____

ORGANIZATION ADDRESS

CITY

STATE

ZIP

POINT OF CONTACT NAME

PHONE

EMAIL

PLEASE DESCRIBE SERVICES WHICH YOUR ORGANIZATION WILL PROVIDE
LIST ANY AND ALL GIVE AWAYS AND LITERATURE

EQUIPMENT: WE WILL PROVIDE EACH ORGANIZATION WITH ONE (1) 10' X10' CANOPY TENT, ONE (1) 6' TABLE AND TWO (2) CHAIRS.

*IF YOUR ORGANIZATION WILL PROVIDE ITS OWN CANOPY TENT, PLEASE INFORM US BELOW.

*IF YOU HAVE ANY SPECIAL OR ADDITIONAL REQUESTS FOR SUPPLIES, PLEASE STATE YOUR REQUEST(S) BELOW.

*REQUESTS ARE SUBJECT TO AVAILABILITY>

FOR ADDITIONAL INFORMATION, CONTACT MS. CHARLIE LONON @562-400-1485

PLEASE EMAIL THIS COMPLETED FORM TO: CPTCHAMBER@AOL.COM



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VETERAN REGISTRATION

PERSONAL INFORMATION

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
LAST NAME	FIRST NAME	M.I.	GENDER
<input type="text"/>	<input type="text"/>	<input type="text"/>	
SOC SEC #	VA CLAIM #	DATE OF BIRTH	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
DRIVERS LIC/ID #	STATE ISSUED	EXPIRATION DATE	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ADDRESS	CITY	STATE	ZIP
<input type="text"/>	<input type="text"/>		
PHONE	EMAIL		

MILITARY INFORMATION

<input type="text"/>	<input type="text"/>	<input type="text"/>
BRANCH OF SERVICE	DATE OF ENTRY	DATE OF SEPARATION
COMBAT VETERAN	<input type="text"/> IRAQ	<input type="text"/> AFGHANISTAN
<input type="text"/> WWII	<input type="text"/> VIETNAM	<input type="text"/> KOREA
<input type="text"/> OIF/OEF	<input type="text"/> DESERT STORM/SHIELD	
DISCHARGE STATUS:	<input type="text"/> HONORABLE	<input type="text"/> OTHER THAN HONORABLE
DO YOU HAVE A SERVICE CONNECTED DISABILITY ?	<input type="text"/> YES	<input type="text"/> NO
IF YES, WHAT PERCENTAGE	<input type="text"/>	
DO YOU ACTIVELY USE THE VA MEDICAL CENTER	<input type="text"/> YES	<input type="text"/> NO
IF YES, WHICH ONE?	<input type="text"/>	
HOW DID YOU HEAR ABOUT THE STAND DOWN ?	<input type="text"/>	
WHERE DID YOU GET THIS REGISTRATION FORM ?	<input type="text"/>	

SERVICES NEEDED: PLEASE CHECK EACH OF THE SERVICES YOU THINK YOU MIGHT NEED.

PLEASE NOTE THAT YOU WILL STILL BE ABLE TO ACCESS ALL AVAILABLE SERVICES UPON YOUR ARRIVAL, REGARDLESS OF YOUR ENTRY ON THIS FORM

<input type="checkbox"/>	LEGAL SERVICES	<input type="checkbox"/>	SUBSTANCE ABUSE TREATMENT
<input type="checkbox"/>	HOUSING	<input type="checkbox"/>	MEALS
<input type="checkbox"/>	EMPLOYMENT & TRAINING	<input type="checkbox"/>	VA ENROLLMENT & ASSESSMENT
<input type="checkbox"/>	VA MEDICAL BENEFITS AND SERVICES	<input type="checkbox"/>	CLOTHING
		<input type="checkbox"/>	VISION
		<input type="checkbox"/>	TRANSPORTATION

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