



Soaking Up The Savings

Hot Springs, AR

VOLUNTEER FORM

VOLUNTEER INFORMATION

First Name _____

Last Name _____

Title _____

Institution _____

Address _____

City _____

State _____

Zip Code _____

Phone _____

Fax _____

Email _____

AREA(S) OF INTEREST (You may select more than one)

- Member Registration Desk Host Committee Event
- Exhibitor Registration Desk Other _____
- Moderator

Please submit all completed forms via fax or email directly to the following:

Melanie Tassone
Fax: (631) 630-8471
Email: mtassone@eandi.org