

**COMMUNITY COUNCIL OF METROPOLITAN ATLANTA, INC.**

**PRIORITY MALE EMPOWERMENT SYMPOSIUM**

**THURSDAY, NOVEMBER 14, 2019, 10:00 am – 2:30 pm**

# Nonprofit Service Provider Form/Priority Male Empowerment Network DATA FORM

|  |  |  |  |
| --- | --- | --- | --- |
| **Organization:** | | | |
| **Address:** | | | |
| **Contact Person:** | | **Position:** | |
| **Email Address:** | | | |
| **Phone:** | **Cell No.:** | | **Fax No.:** |
| **Number of Persons Attending Symposium (Maximum 2):** | | | |
| **Please list names of representatives for name tags:** | | | |
|  | | | |
| ***Will your organization participate as a service provider on the Priority Male Empowerment Network?***  [ ] Yes [ ] No Remarks: | | | |

|  |  |
| --- | --- |
| Description of Agency |  |
| Services Provided*.* |  |
| Eligibility Requirements |  |
| Other Remarks: |  |

**SUBMITTED BY: DATE:**

***Please return form to: Community Council of Metropolitan Atlanta, Inc via email to*** [***info@communitycouncilma.org***](mailto:info@communitycouncilma.org) ***or fax to (404) 935-5859.***

***Thank you for your support!***