

**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*** ***or fax to (404) 935-5859.***

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