



Institute for Disability Studies



FAIR HOUSING EXPO ■ GENERAL REGISTRATION

Thursday, April 23, 2015

9:00 a.m. – 11:30 a.m.

Jackson Medical Mall Community Room & Commons

NAME: _____

BUSINESS/ORGANIZATION: _____

JOB TITLE: _____

BUSINESS ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE NUMBER: _____ **FAX:** _____

E-MAIL ADDRESS: _____

Brief description of the organization you work for and the services your organization provides.

Thank you in advance for your attendance. Please e-mail or fax this form to the address below. If you have any questions or concerns, please call or e-mail:

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