

Veterans Resource Day

Friday, November 6, 2026

9 a.m. – 2 p.m.

Hosted by the

St. Mary's County Department of Aging & Human Services

at the

University of Maryland – Southern Maryland

44219 Airport Road

California, MD 20619

Name of Organization: _____

Contact person: _____

Mailing Address: _____

Phone: _____ Fax: _____ Cell phone: _____

Email: _____

The organization I represent is interested in (please select all that apply):

___ Setting up an informational table

___ Providing screening or counseling services (a private room will be available) *

___ Offering a presentation or workshop in a breakout session*

Please describe the service(s) you plan to offer or the type of information you plan to have available:

As a vendor for Veterans Resource Day, I agree to the following:

- Our organization will set-up our space by 8:30 a.m. on Friday, November 6, 2026.
- Our vendor space will have a representative from our organization present from 9 a.m.-2 p.m. on the day of the event.

Signature: _____ Date: _____

*Space will be limited for the screenings and presentations. You will receive a confirmation email two weeks prior to the event.

Please complete this form and return to:

Nicoletta Pollice

Community Programs & Outreach Manager

P.O. Box 653, Leonardtown, MD 20650

E-mail: nicoletta.pollice@stmaryscountymd.gov

Telephone: 301-475-4200, ext. 1074

Veterans Resource Day

Sponsorship Opportunities

Event Sponsor (\$100-\$500)

Name listed as an Event Sponsor for Veterans Resource Day on event program

Recognition on the Department of Aging & Human Services Facebook page

Recognition on the Department of Aging & Human Services website

Event Partner (\$500+)

Name listed as an Event Partner for Veterans Resource Day on event program with logo

Recognition on the Department of Aging & Human Services Facebook page with logo

Recognition on the Department of Aging & Human Services website

Business identified in all available advertising* (flyers, radio spots, commercials, etc....)

Registration

Contact name: _____

Organization: _____

Facebook Address: _____

Address: _____

Email: _____

Phone number: _____ Cell: _____

How organization should appear on all marketing: _____

Type of Sponsorship (Sponsor or Partner) _____

Total Amount Due: \$ _____

By completing this registration form, you UNDERSTAND and AGREE that the St. Mary's County Department of Aging & Human Services is not responsible for any accidents, theft, or property left behind by exhibitors, sponsors, or screeners.

Please submit form, electronic logo, and payment by October 2, 2026, to:

Nicoletta Pollice
P.O. Box 653
Leonardtown, MD 20650
Fax: 301-475-4503
nicoletta.pollice@stmaryscountymd.gov
For more information call 301-475-4200, ext. 1074

Make checks payable to St. Mary's County
Department of Aging & Human Services;
identify organization name on check.
Federal ID #52-6001015

Payment is due NO LATER than 5p.m., October 2, 2026

The St. Mary's County Department of Aging & Human Services reserves the right to determine, in sole and absolute discretion, the sponsors, exhibitors and participants.