Name of Organization/Agency/Group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Key Contact person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Update Your Organization’s Listing in the *Immigrant Community Resource Guide****If you haven’t been contacted by someone from our El Zócalo, to update your listing information for our guide, or if you’ve had any changes, please let us know by completing this form.*

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hours of Operation: \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (include city and zip code): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A one-liner about your services: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe any requirements to participate in your services/program (including fees, identification requirements, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which select the category that BEST describes your organization/group (mark with an X):
\_\_\_\_ Medical Clinic \_\_\_\_\_\_ Governmental Service \_\_\_\_\_ Shelter \_\_\_\_\_ Community Organization

\_\_\_\_ Mental Health \_\_\_\_\_\_ Legal Service \_\_\_\_\_ Utility/Housing
\_\_\_\_ Hospital \_\_\_\_\_\_ Food Pantry \_\_\_\_\_ ESL Class
\_\_\_\_ Other (Health) \_\_\_\_\_\_ Work related service \_\_\_\_\_ Other educational service

**Resource Guides Order Form**

**Indicate the number of guides you would like to pre-order.**
*Guides will be delivered in May and this price is available based on our bulk print order rate with our supplier. We can provide guides at a later date, but cannot guarantee this price.*

**Number of Guides: \_\_\_\_\_\_\_\_\_**

at \_\_ $2.50/each or

at \_\_ $1.50/each with sponsorship level indicated on this form

***Total Dollar Amount of Order $\_\_\_\_\_\_\_\_\_\_\_\_***

**Sponsorship**

To sponsor, please indicate your sponsorship level desired.

\_\_\_\_ Community Leader ($250)

\_\_\_\_ Community Collaborator ($150)

\_\_\_\_ Community Supporter ($75)

*Please sign below to indicate that the information provided is current and accurate to the best of your knowledge, that you acknowledge you have read the Community Resource Partnership Packet and if applicable, understand and agree to the terms specified for sponsorship levels and ordering.*

*Community partners are responsible for the submission of all information necessary to publish your information, including logos for sponsors.*

*Payment for sponsorship or pre-orders are due upon receipt of this form. El Zócalo cashing a check or processing electronic funds signifies our agreement to fulfill the terms specified for sponsorship and delivery of guides.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Community Partner Representative Printed Name Signature Date

Submit this form via mail or email to El Zócalo Immigrant Resource Center, along with a check, if applicable.
If you prefer to pay by credit or debit card or cash, please let us know. A check can be mailed to P.O. Box listed above, or you can contact us to arrange a time to drop by our office.

*While not anticipated, El Zócalo does reserve the right to decline any requests for listing or sponsorship. If this does occur, your payment will be refunded immediately.*

**Due Date: Monday, April 30, 2018**