



**Mental Illness Awareness Week
Exhibitor Form**

Every person's mental health is important. One out of every five individuals is affected by mental illness, either their own mental illness or a family member's. Mental illness is a serious emotional disturbance or a variety of biological brain disorders that severely disrupts one's ability to function at home, in school, or in the community. Mental Illness Awareness Week (MIAW) is designed to promote awareness and to provide information regarding mental health issues. The Mental Illness Awareness Coalition of East Tennessee, a coalition of sixteen agencies*, presents a week of events each year to assist in promoting awareness of mental illness.

As part of the MIAW, we are hosting a celebration at the **Market Square Mall on Friday October 12th 12PM-4PM**. During our celebration, we have planned a variety of fun and entertaining activities such as **music, games, food, and door prizes** geared to raise awareness and celebrate diversity. We need your help to make this a success.

We invite your organization to set up a booth and host a game. The event is free to the public and exhibitors. We ask that you bring your own tables, chairs, decorations, and gaming material. We encourage participants to provide an interactive game to encourage people to stop by and learn about your agency. If you are interested, please complete the form below. SPACE is limited (only 30 booths available). **Deadline for forms is September 21, 2007.**

*Mental Illness Awareness Coalition of East Tennessee: Blount Memorial Hospital, Child and Family Tennessee, Comprehensive Community Care, Friends of Lakeshore Inc. (FOLI), Mental Health Association of East Tennessee, Helen Ross McNabb Center, Knoxville Coalition for the Homeless, Lakeshore Mental Health Institute, National Alliance for the Mentally Ill – Knoxville, Loudon County, and Maryville, Peninsula Behavioral Health, Ridgeview, Tennessee Mental Health Consumers Association, The University of Tennessee College of Education, Health and Human Sciences, Department of Mental Health & Developmental Disabilities, and St. Mary's Health System.

Company: _____

Contact Name: _____

Address: _____

E-mail: _____

Phone: _____ Fax: _____

**Thank you
for your
support!**

Set-up information

Time of set up: _____ (no earlier than 10:00 am) Time of tear-down: _____ (must be by 5:00 PM)

*Each Agency will be responsible for providing their own tables, chairs, decorations, and gaming supplies.

Agency Description:

PLEASE RETURN THIS FORM by September 21, 2007 (FAX # 865 546-0072)