



1400 NORTH AMERICAN STREET, STUDIO 314, PHILADELPHIA PA 19122
TEL 215.235.3525 FAX 215.235.3527
WWW.INLIQUID.COM

**CAFé
Organization Participation Form**

Organization name _____

Contact person (s) _____

Telephone _____

E-mail _____

Address _____

City/state/zip _____

Web site _____

Organization's mission (please keep to 150 words or less; attach separate sheet as needed)

Your group's proposed project, each group will have one 6 foot table to work from.

Will there be a fee involved for guests to cover supplies, etc?

No

Yes, approximate amount _____

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