



Dear Vendor,

The Hazleton Area High School SADD Club and Help STOP the Silence, a suicide prevention and support program offered through Catholic Social Services is pleased to invite you to share in our ceremonies of the **8th Annual Help STOP the Silence – Walk to Prevent Suicide** ([www.helpstopthesilence.org](http://www.helpstopthesilence.org)).

**WHEN: May 3, 2020 – RESCHEDULED Sept. 13, 2020**  
**WHERE: HAHS Gymnasium (RAIN or SHINE)**  
**TIME: 12:00 p.m. Registration**  
**1:00 p.m. Program followed by walk**

**All proceeds benefit Help STOP the Silence Suicide Prevention & Support programs in providing local services to our community.**

We would like to offer you the opportunity to be a participating vendor at this annual event. You will be able to promote your agencies mission and provide informative assistance to those who may need it.

For more information and a schedule of events, visit: [www.helpstopthesilence.org](http://www.helpstopthesilence.org)

You are welcome to arrive at any time after 11:00 a.m. Upon arrival, please come to the registration table to determine your location. Opening ceremonies will begin at 1:00 p.m. Please complete and return the enclosed acceptance form.

We hope you will see this as a great way to highlight your agency and help us in our fight against suicide. For further information, please contact me at 570.455.1521. I look forward to speaking to you about this exciting opportunity.

We look forward to seeing you!

Most sincerely,

Samantha Neaman  
Program Coordinator

**Suicide....So Serious - So Treatable - So Do Something**



Tax ID# - 24-081-8341

[www.helpstopthesilence.org](http://www.helpstopthesilence.org)





**Yes, please confirm a space for our participation to provide a vendor stand to benefit the Help STOP the Silence Suicide Prevention and Support Programs.**

**Name of Business/Agency:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **e-mail:** \_\_\_\_\_

**Contact person:** \_\_\_\_\_

**Special needs (ie electrical, additional tables)** \_\_\_\_\_

**Name of staff member representing Business/Agency at event:**  
\_\_\_\_\_

\_\_\_\_\_  
**Authorized by (please print)**

\_\_\_\_\_  
**HSTS Representative**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Representative Phone Number**

**There is no charge for participation. Please return completed form to:**

**Samantha Neaman  
Walk Coordinator, Help STOP the Silence  
c/o Catholic Social Services,  
200 West Chapel St.  
Hazleton, PA 18201**

**Phone: 570.455.1521 Fax: 570.455.2707**  
[\*\*jsneaman@msn.com\*\*](mailto:jsneaman@msn.com)



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