

# Vendor Registration Form

Saltville Medical Center  
308 West Main Street  
Saltville, VA 24370  
**August 19, 2017**

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## VENDOR INFORMATION

BUSINESS NAME: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ STREET ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CELL NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_ WEB ADDRESS: \_\_\_\_\_

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## VENDOR TERMS

- Plan on being there on Saturday, August 19th from 8:30am - 11:00pm. Race begins at 9:00am.
- Bring your own table and tent.
- Bring company giveaways/swag for participants and guests.
- Please provide a doorprize with a minimum value of \$25.
- Event t-shirts are \$15. If you would like a t-shirt, please enclose a check with this form made out to SVCHS. All t-shirt orders must be received before **August 1st. Available Shirt Sizes: SM, MD, LG, XL, 2XL, 3XL**

Size: \_\_\_\_\_ Quantity: \_\_\_\_\_

Size: \_\_\_\_\_ Quantity: \_\_\_\_\_

Size: \_\_\_\_\_ Quantity: \_\_\_\_\_

Size: \_\_\_\_\_ Quantity: \_\_\_\_\_

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## RETURN APPLICATION TO:

**Email:** events@svchs.com  
**Drop-Off or Mail To:** SVCHS Corporate Headquarters  
319 Fifth Ave.  
Saltville, VA 24370

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VENDOR SIGNATURE

DATE