



Vendor Registration Form

Saltville Medical Center
308 West Main Street
Saltville, VA 24370
August 18, 2018

VENDOR INFORMATION

BUSINESS NAME: _____

CONTACT PERSON: _____ STREET ADDRESS: _____

PHONE NUMBER: _____ CITY: _____ STATE: _____ ZIP: _____

CELL NUMBER: _____ EMAIL: _____

FAX NUMBER: _____ WEB ADDRESS: _____

VENDOR TERMS

- Plan on being there on Saturday, August 18th from 8:30am - 11:00am. 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 \$20. 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 3rd. Available Shirt Sizes: SM, MD, LG, XL, 2XL, 3XL**

Size: _____ Quantity: _____

Size: _____ Quantity: _____

Size: _____ Quantity: _____

Size: _____ Quantity: _____

RETURN APPLICATION TO:

Email:
events@svchs.com

Drop-Off or Mail To:
SVCHS Corporate Headquarters
319 Fifth Ave.
Saltville, VA 24370

VENDOR SIGNATURE

DATE