



HELP THE EASTERN TRAIL ALLIANCE

CLOSETHEGAP

Scarborough ←⇒ South Portland

Vendor Agreement:

Name on Card:

We look forward to seeing you at the first annual Mend 10K

- A completed Vendor Agreement is required prior to any benefits being delivered.
- Vendor agreement deadline is June 7,2018
- Completed vendor agreements can be returned by:

Mail: 605 US Route 1, Suite G, Scarborough, ME 04074

Email: info@gomendhealth.com

COMPANY	INFORMATION	
Company Name:		
Company Contact:		
Address:		
City:	State:	Zip Code:
Telephone:	Email:	
	PPORTUNITIES	
☐ Expo Day Booth	\$50.00 (Table not included)	\$
		Total: \$
COMMITMENT & PAYMENT		
I agree to the terms and conditions of Eastern Trail Alliance/ Mend 10K vendor agreement and in return agree to provide support at the level indicated above:		
Signature:	Date:	
☐ Payment Enclosed ☐ This is a pledge, plea	se invoice me.	
Credit Card #: Exp. [Date: CVV coo	de: