

# POWER OF PAIN FOUNDATION

~ Motivation For A Cure ~

## AGREEMENT FOR VENDORS

**Name of Program:** Chronic Pain Awareness and Advocacy Program(s)

**Dates of Program:**

Fee per event \$250 (Grant providers do not pay vendor fees)

Early Bird Fee- \$50 (due 14 days prior to date of event)

Please check box(es) of event you will be a vendor

- |  |   |
|--|---|
| <input type="checkbox"/> Scottsdale, AZ- July 11, 2009 | <input type="checkbox"/> Howard, MD - Sept. 18, 2009      |
| <input type="checkbox"/> Fairfax, VA- Sept. 14, 2009   | <input type="checkbox"/> Manassas, VA- Sept. 19, 2009     |
| <input type="checkbox"/> Richmond, VA- Sept. 15, 2009  | <input type="checkbox"/> Glendale, AZ- Oct 1, 2009        |
| <input type="checkbox"/> Washington DC- Sept. 16, 2009 | <input type="checkbox"/> San Francisco, CA- Nov. 14, 2009 |
| <input type="checkbox"/> Baltimore, MD- Sept. 17, 2009 | <input type="checkbox"/> Scottsdale, AZ- Nov. 27, 2009    |

**Times of Program:** The program is approximately 4-6 hours in length. Unless otherwise noted events are scheduled from 9:00 am to 3:00 pm.

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**Name of Vendor:** \_\_\_\_\_

**Name of Contact :** \_\_\_\_\_

**Address of Vendor:** \_\_\_\_\_

**Email of Vendor:** \_\_\_\_\_

**Phone of Vendor:** \_\_\_\_\_ **Fax of Vendor:** \_\_\_\_\_

**Vendor Fee Total per Participant/per event:** \$ \_\_\_\_\_

Please make checks payable to Power of Pain Foundation and send to 213 Nottingham Drive, Colonial Heights, VA 23834

***The Power of Pain Foundation will provide the following:***

- Advertisements for the program that are distributed to local and regional support groups, newspaper, radio stations and TV.
- Develop and process all participant registration forms
- Handle all cancellations and waitlists
- Generate a contact list of participants enrolled for the vendors.
- Provide facility, tables, chairs, and proper lighting and heating
- Design any flyers, notices, materials, lists, welcome letters, etc.

***The vendor will provide the following:***

- A signed Letter of Agreement
- Handle any additional advertisement (if desired), with Power of Pain Foundation approval.
- Provide your equipment needs for the program
- Storage space for all equipment and supplies. Storage space is unavailable for vendors at all the facilities.

***Vendor agrees to the above agreement with the Power of Pain Foundation.***

Vendor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Program Coordinator Signature: \_\_\_\_\_

Date: \_\_\_\_\_