

Vendor Profile and Application

Name of Company _____ Date _____

Contact Person _____ Title _____

Company Address _____

City _____ State _____ Zip _____

Company Phone Number _____ Other Phone _____

Contact Person Email Address _____

Type of Company (Laboratory, Vitamin Supplier, etc.) _____

Would you be willing to discuss a reduced-rate plan for your products and services? (Circle one)

Yes

No

Other (attach proposal)

What is your current client base (physicians, parents/patients, both, other suppliers, etc.)

Product(s) your company sells/provides (if necessary, attach list) _____

Provide a description of your product or products in detail on a separate sheet of paper and attach (A printed brochure will suffice).

Please describe the scientific underpinnings of your product's formulation and why it is thought to be helpful on a separate sheet of paper and attach. Include any published studies that might support your product's effectiveness.

Do you file insurance? Yes _____ No _____

Which companies? _____

If not, do you provide forms for clients to file themselves? Yes _____ No _____

Would you be willing to help VIA promote our fundraisers that are located in your area? _____

How?

___ Mailing of Flyers _____ Distribution of Flyers in your area

___ Information on your website _____ Link to VIA on your website

___ Possible exhibitor at our events (when applicable)

*****PLEASE ATTACH A PROPOSAL FOR A REDUCED RATE PLAN FOR VIA CLIENTS (PHYSICIANS AND/OR FAMILY ASSISTANCE PROGRAM PARTICIPANTS).**

___ Please send me an exhibitor package (when applicable) for any events VIA will be hosting

___ Please send me information on how to become a VIA Corporate Sponsor

Signature _____ Date _____