

SMALL BUSINESS PROGRAM - VENDOR VISIT

Name of Company: _____

Contact Name: _____

Address: _____

E-mail: _____

Phone: _____

Fax: _____

Brief description of what company does or the service provided (*only a few sentences needed, 50 words or less*):

Dates interested in visiting (*please list a few possible dates in case your first choice is not available*):

****Times run from 11:00 A.M. to 2:00 P.M.***

Please provide a copy of logo in high resolution eps, tif or jpeg.