



2024 Vendor Agreement Form



Please print legibly in the appropriate fields

Establishment Name: _____
(As you would like it to appear in print)

Name: _____
(As you would like it to appear in print)

Establishment Address: _____

Phone Number: _____ Fax Number: _____

Email Address: _____ Website: _____

Social Media Handle(s)

Facebook: _____ Instagram: _____ Twitter: _____ LinkedIn: _____

I _____, an authorized representative of _____ agree
to this contract with Easterseals South Florida, Inc. for their 2024 Festival of Chefs event.

Signature: _____ Date: _____

Activation/Station Description

☐ YES ☐ NO I will be requiring ice. Below are the items I will be bringing that will require ice and how much.

☐ YES ☐ NO I will be requiring electricity. Below are the items I will be bringing that will require electricity.

I/we would like to donate a gift certificate or raffle prize for the purpose and intent of the silent auction (optional)

☐ YES ☐ NO

I/we will be supplying the following service ware:

☐ BOWLS ☐ PLATES ☐ FORKS ☐ SPOONS ☐ DRINKWARE

Completed Participant Agreements can be emailed to **Development Department**, at development@sfl.easterseals.com.

DEADLINE to submit the participant agreement and logo is **Friday, December 8, by 5 PM.**

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE 800-435-7352 (REGISTRATION #CH2377) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE. YOUR DONATION IS TAX DEDUCTIBLE TO THE FULL EXTENT OF THE LAW. OUR EIN# 59-0722783. PLEASE CONSULT YOUR TAX ADVISOR OR ACCOUNTANT FOR SPECIFIC DONATION QUESTIONS. EASTER SEALS SOUTH FLORIDA, INC. DOES NOT ATTEST TO THE VALUE ASSIGNED BY THE DONOR TO THE DONATED GOODS. ANY MARKET VALUE SUBSTANTIATION OF ITEMS RESTS WITH THE DONOR. DONATIONS ARE FREE FROM LIABILITY BY THE FLORIDA GOOD FAITH DONORS ACT. ALL DONATIONS MADE TO EASTER