

Muskegon Community Health Project
“3rd Annual African American Diabetes Conference”
Saturday, November 4, 2006
10 a.m.-2:30 p.m.

VENDOR COMMITMENT FORM

_____ Yes, I/we will attend this event (8:30 a.m. set-up)
Muskegon Heights High School
2441 Sanford St.
Muskegon Heights

Business/Org Name _____

Address _____

Phone _____

Rep. Name _____

_____ Check enclosed

_____ Send Invoice

_____ No, I/we will not be able to attend this event, but we will
be providing products for display (please contact me for pickup)

_____ No, I/we will not be attending this event.

All vendors are asked to bring a door prize to be used as a giveaway to participants.

Please list _____

Please return this form to:

MiMi Rankin
Muskegon Community Health Project
565 W. Western Ave.
Muskegon, MI. 49440
(231) 728-8404 (fax)

**“Thank you for supporting the Muskegon Community Health Project’s
African American Leadership Team”**