

**CHOOSE LIFE SCHOLARSHIP GALA**  
**“Supporting Teen Parents To Pursue Higher Education”**  
**Clayton State University SAC’s Ballroom**  
**March 26, 2011**  
**7:00 pm – 10:00 pm**  
**Vendor Registration Form**

Company Name \_\_\_\_\_

Primary Contact Name \_\_\_\_\_

Last

First

Address \_\_\_\_\_

Email Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Website \_\_\_\_\_

Event Details

Event Title: Choose Life Scholarship Gala

Scheduled Date: Saturday March 26, 2011

Location: *Clayton State University SAC Ballroom  
2000 Clayton State Blvd.  
Morrow, GA 30260*

Start Time: *7:00 p.m. (Set up at 6:00 p.m.)*

End Time: *10:00 p.m.*

Choose Life Scholarship Gala Vendor Agreement

Terms of Agreement

This document represents an agreement between Dynamic Achievement Solutions, LLC and Empowering Lives, LLC and \_\_\_\_\_(Contracting Group). This agreement entered into on \_\_\_\_\_ Effective Date. This document outlines the rate, conditions and services to be provided.

1. The Contracting Group has agreed to be a vendor as stated in this agreement for a fee of \$100.00. This fee allows for contracting group to establish a vendor table and one free admission ticket into the gala. Additional admission tickets must be purchased for a fee of \$50.00 (fifty dollars) per person.
2. This agreement must be mailed or hand delivered at least 60 days prior to event (January 26, 2011). Failure to return the vendor agreement may result in the loss of vendor space. Vendor location will be determined based on the date contract and payments are received.
3. The Contract vendor will be provided a 4 to 6 feet vendor table. All table coverings and promotional material must be provided by the vendor.
4. All cancellations must be received in writing via email or postal mail.
5. Once the signed agreement has been received, cancellations will only be honored for acts of God, war, civil disorder or the closing of the venue.

I \_\_\_\_\_ (Authorized Individual) have read, clearly understand and agree to the terms of the Choose Life Scholarship Vendor Agreement.

I will include payment in the amount of \$100 (one hundred dollars) for vendor fee.

\_\_\_\_\_  
Print Name (Authorized Contracting Group)

\_\_\_\_\_  
Signature of Authorized Contracting Group

\_\_\_\_\_  
Date

Mail Payments to:

DAS

Attention: Choose Life Scholarship Program

P.O. Box 813

Ellenwood, GA 30294

Payments can also be paid online at [www.dynamicachievementsolutions.com](http://www.dynamicachievementsolutions.com)