

# Hood Research

## Vendor Profile

Please include all of the following

- Completed Application (all lines required)
- Your Payment (vendors must supply table coverings)

Date: \_\_\_\_\_

Venue: \_\_\_\_\_ Cost: \_\_\_\_\_

Venue Location: \_\_\_\_\_

Company: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Description of Merchandise:

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Make Check Payable to; Hood Research  
PO Box 4416 Detroit, Michigan 48204

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### Hood Research Receipt

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

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ (circle one) Cash / Check / Money Order No.: \_\_\_\_\_