



Return to:

NAMI Mississippi
2618 Southerland Street
Jackson, MS 39216

Phone: (601) 899-9058 • Fax: (601) 956-6308 • www.namims.org

Dear Vendor:

NAMI Mississippi would like to thank you for your interest in becoming a vendor at the NAMIWalks Wellness Festival. We appreciate your willingness to assist us in facilitating a fun, family-friendly environment for learning and community evolution. It is our goal with this event to further develop the Jackson community's understanding of mental health, leading to the removal of stigma related to mental illness.

NAMI Mississippi will be operating under the mandates of the Mississippi Code, City Policy, and City Ordinances for this event. Purchase orders are required for any commodity, material, supply, servicer and/or equipment involving the NAMIWalks Wellness Festival. A purchase order is an agreement which defines the terms and conditions of the purchase. It serves as a guarantee to the vendor that funds have been appropriated and upon delivery of goods and/or services an official thank you letter will be rendered. **Failure to submit an invoice to NAMI Mississippi, 2618 Southerland Street, Jackson, MS 39216 could result in you not being allowed to participate in the above-listed event.**

Please be advised that any procurement for the NAMIWalks Wellness Festival, *by any means*: fax, email and/or pick-up orders by any NAMI Mississippi employee must be supported with a valid purchase order to the vendor, which has been properly prepared and authorized by NAMI Mississippi personnel. It must also bear a valid identification seal. A purchase order identifying goods and/or services must be issued and returned before **October 11th, 2017**. **Vendors should not deliver goods and/or render any services without receiving a valid purchase order. The vendor takes on the liability of possible exclusion and expulsion from the event if delivery of goods and/or services occurs without a purchase order being issued.**

The vendor should reject any purchase order not in agreement with terms and conditions reflected on the purchase order. It is the vendor's responsibility to immediately notify NAMI Mississippi of any discrepancies. This procurement process is designed to protect the vendor and NAMI Mississippi, and foster a mutual understanding of the obligations of both parties to perform according to the terms and conditions.

All out of state vendors should first contact Sitaniel Wimbley, Program Director/Walk Manager, at (601) 899-9058 as to receive all information regarding this event. This will help facilitate all purchase orders in a timely manner.

Please be advised that is an extreme conflict of interest for any NAMI Mississippi, employee and/or immediate family member to serve as a vendor for the NAMIWalks Wellness Festival. Violations of this could result in exclusion and or expulsion from the above-mentioned event.

If you have any questions regarding the procurement process, contact the NAMI Mississippi Program Director/Walk Manager at (601) 899-9058.

All vendor requests are subject to approval. NAMI Mississippi reserves the right to deny requests for vendor space if it is determined that certain criteria for participation has not been met.



Section 1: NAMIWALKS WELLNESS FESTIVAL VENDOR REGISTRATION

NAMI Mississippi looks forward to having you join us for the NAMI Mississippi Wellness Festival on Saturday, November 11, 2017. The event will be held at the Mississippi State Capitol in Jackson, MS. Please complete this form and return with payment to: NAMI Mississippi, 2618 Southerland Street, Suite 100, Jackson, MS 39216 or fax to: 601-956-6380 or email: walkmanager@namims.org by **October 31, 2017**.

Cost:

Sponsor - Table is free

\$40 Full Table

Organization _____
Address _____
Contact Person _____
Phone _____ Fax _____
Email _____

Staff

Please note all staff that will be represented at your booth or display.

Name: _____ Title: _____

Description of Services (see vendor application for list of permitted service categories)

Screening Service: _____
Activity/Demonstration: _____
Awareness/Information: _____
Giveaways: _____
Raffle prize donation: _____
Other: _____

Facility Needs (Choose One)

Bringing your own table cloth:
NAMI Mississippi will provide tables and chairs: Tables Needed Chairs Needed
Other _____

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Section 2: NAMIWALKS WELLNESS FESTIVAL VENDOR APPLICATION

Vendor Number: _____ (To be assigned by NAMI Mississippi)	Date Originated: _____ (Offices Use Only)
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**PLEASE COMPLETE ENTIRE APPLICATION:
(TYPE OR PRINT LEGIBLY)**

Vendor's Legal Name: _____
(As shown on your License)

Vendor Name DBA: _____
(If operating as DBA, enter the DBA name)

Has your company done business with NAMI Mississippi under a different name: Yes No
If yes, please provide the name: _____

VENDOR ADDRESS: (For Invoice)

Address #1: _____

City: _____ State: _____ Zip Code: _____

Address #2: _____

City: _____ State: _____ Zip Code: _____

Contact Person #1: _____ Contact Person #2: _____

Telephone #1: _____ Telephone #2: _____

Fax Number #1: _____ Fax Number #2: _____

VENDOR ADDRESS: (For Remittance)

Address #1: _____

City: _____ State: _____ Zip Code: _____



Address #2: _____

City: _____ State: _____ Zip Code: _____

Contact Person #1: _____ Contact Person #2: _____

Telephone #1: _____ Telephone #2: _____

Fax Number #1: _____ Fax Number #2: _____

BUSINESS DETAIL INFORMATION

Physical Location of Business: _____

City: _____ State: _____ Zip Code: _____

If there are additional locations under this name, list the number: (Local: ____ (and/or) Non-local: ____)

How long in present location: Years: _____ Months: _____ Number of Employees: _____

BUSINESS CLASSIFICATION: (Check all that apply)

- Medical Provider (clinic, private practice, etc.)
- Home Health Agency
- Fitness Center or Personal Trainer
- Massage Therapist
- Health-related nonprofit
- Health-related insurance provider
- Health-related education program (including colleges and places of worship)
- Health-related retailers (independent or franchise owners only)*

**For liability reasons, direct sales, MLM or network marketing representatives are not permitted, including but not limited to: It Works, Melaleuca, Pruvit, Monat and HELO.*

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