

# Vendor Registration

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

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

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

\_\_\_\_\_

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

Email: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Event Attending: \_\_\_\_\_

Services/Products:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How many tables will you be bringing? \_\_\_\_\_

Other Comments/Concerns:

\_\_\_\_\_

\_\_\_\_\_

Current Vendor Fee: \$25

Please make your checks payable to Strides of Strength Therapeutic Services, Inc.

Mail your check and this registration to:

Strides of Strength Therapeutic Services, Inc.

2717 Gaston Farm Rd

Chester, SC 29706



STRIDES OF STRENGTH  
THERAPEUTIC SERVICES

2717 Gaston Farm Rd

Chester, SC 29706

803-374-6255

[Beth.Gaston@StridesofStrength.org](mailto:Beth.Gaston@StridesofStrength.org)