|  |  |  |
| --- | --- | --- |
| Business Info | | |
| Name of Business |  | |
| Address of Business |  | |
| Phone Number |  | |
| Contact Person |  | |
| Cell Number |  | |
| Email |  | |
| Brief description of business  ( maximum 200) |  | |
|  |  | |
|  | | |
| Donation/Discount | | |
| % of Donation to SHF |  | |
| HHS Discount (Optional) |  | |
| Restrictions/conditions/  exclusions |  | |
| Form of preferred reimbursement to SHF |  | |
| Dates Participating |  | |
| Use of Barcode Yes/No |  |  | |
|  | | |
| Marketing | | |
| Logo for inclusion of press materials | Email your JPEG or PNG file to [kellie.pettit@stonybrookmedicine.edu](mailto:kellie.pettit@stonybrookmedicine.edu) | |
| Social Media Handles@ | FB IG | |
| Website URL |  | |
| Willingness to participate in press activity Yes/No |  | |
| Name |  | |
| Phone Number |  | |
| Email |  | |
| Consent to film/photograph products in store (working with staff) Yes/No |  | |
| Other promotional opportunities |  | |
| Other influencers/contact you recommend SHF reaches out to? |  | |
| Quantity of posters requested |  |
| Quantity of Flyers requested |  |
| Quantity of decals requested |  |
| Participating Partner Name |  |
| Signature | Date |
| On behalf of SHF Name |  |
| Signature | Date |
|  |  | |
|  |  | |

FOR QUESTIONS PLEASE CONTACT:

KELLIE PETTIT-PICINICH

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