



# CSNN Vendor Application

Thank you for your interest in the CSNN community; please complete and return the below form via email to [csnn@special-children.org](mailto:csnn@special-children.org) or in person at our office on 204 N. East St., Suite F, Belton.

Company/Organization Name \_\_\_\_\_

For Profit (\$250)  Not For Profit (\$25)

Products/Services offered \_\_\_\_\_

Website \_\_\_\_\_

Address \_\_\_\_\_

Point of Contact \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

I will submit payment via PayPal to [csnn@special-children.org](mailto:csnn@special-children.org).

I will submit payment via check to Children's Special Needs Network.