



October 10, 2017

Greetings!

The 14th Annual SCMS Alliance Jingle Mingle is scheduled for Monday, December 4, 2017, at the Saginaw Country Club. This year's beneficiary is [CASA](#) (***Court Appointed Special Advocates***) through the **CAN Council of Great Lakes Bay**.

A \$25 deposit is required with your Vendor Registration to reserve your table. Participating vendors agree to donate ten percent of the proceeds from their sales at the Jingle Mingle to the event beneficiary (CASA). Your deposit will be deducted from your ten percent of vendor sales the day of the event. If you sell less than \$250 at the Jingle Mingle, the deposit will be kept as your donation and no additional fees will be assessed.

In an effort to make this event more profitable for CASA, we are asking that all vendors pay for their lunch. The Saginaw Country Club has graciously allowed us to let you bring in your own food should you decide not to have the meal they prepare. If you would like to have the lunch that is prepared and served at the Saginaw Country Club, please enclose an additional \$20 per person, and make sure to indicate on the Vendor Registration.

Please complete and return the following Vendor Registration and send with your \$25 deposit plus lunch payment(s) (if applicable) to the Saginaw County Medical Society Alliance, 350 St. Andrews Rd., Suite 242, Saginaw, MI 48638-5988 by October 31, 2017. We look forward to another successful Jingle Mingle this year!

Respectfully,
SCMS Alliance Board
Jennifer Rogers, President
Tina LaFleur, Past President
Anne deBari, Secretary
Meg Cappelli, Treasurer
Colleen Cheney
Janie Gugino
Amanda Tucker

See next page for Vendor Registration



14th Annual Jingle Mingle VENDOR REGISTRATION

Monday, December 4, 2017 | Saginaw Country Club
4465 Gratiot Road | Saginaw, Michigan
10:30 a.m. to 2:30 p.m.

***Please complete and return with \$25 to reserve your table by
Tuesday, October 31, 2017 (space is limited):***

Business/Vendor Name (as you would like printed in the event program)

Contact Person Name _____

Address _____ City, State, Zip _____

Phone (_____) _____ Email _____

of tables needed _____ # of chairs needed _____ # of floor racks you will bring _____

Do you need electricity? ☐ Yes ☐ No How many SCC lunches will you need? _____
(Enclose check for # of lunches x \$20)

Short Description of items: _____

Special Requests: _____
(e.g., dietary needs, space, etc.)

Signed _____ Date _____, 2017

Your signature indicates you acknowledge the information you provide will be used to determine your location at the Jingle Mingle. The SCMS Alliance has the right to place your booth in the position they deem appropriate based on your information.

PLEASE RETURN BY TUESDAY, OCTOBER 31, 2017, TO:

Mail: SCMS-A | 350 St. Andrews Road | Suite 242 | Saginaw, Michigan 48638-5988

Fax: 989-790-3640

Email: keri.benkert@sbcglobal.net

To be completed by the SCMS-A:

Table Reservation fee \$25 Date Paid _____ Check # _____

(\$25 reservation fee to be deducted from the donation fee of 10% of sales which will be donated to the beneficiary, CASA)