



**Agreement**

Name of individual/organization/group selling the product(s): \_\_\_\_\_

Name of contact person: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Describe products to be sold: \_\_\_\_\_

\_\_\_\_\_

Percentage of proceeds to be donated to the National Center on Shaken Baby Syndrome: \_\_\_\_\_

I, \_\_\_\_\_, understand that the National Center on Shaken Baby Syndrome will not endorse or sell my product(s), nor take any legal or financial responsibility for the product(s), and that all mentions of the National Center must be approved prior to use in advertising.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please send this completed, signed application to:

Ryan Steinbeigle  
National Center on Shaken Baby Syndrome  
2955 Harrison Blvd. Suite #102  
Ogden, UT 84405

Or fax to:  
(801) 627-3321, Attn: Ryan Steinbeigle