791 PURCHASING COOPERATIVE and Vendor Agreement Signature Form

RFP #2020-05-016 Special Education Products and Services

Vendor:

Company Name VENTRIS LEARNING LLC	
Address POBOX 981	
city Syn PRAPLIE State W zip 53590	
Phone 608-825-8282 Fax 608-825-2822	
Name of Authorized Representative Robert Mayer	
Title_PRESIDENT Date_6-14-22	
Email of Authorized Representative: VMeyev @ ventris learning. com	
Signature of Authorized Representative Required (Required)	
791 PURCHASING COOPERATIVE:	
Authorized Representative Signature:	
Name Jeffrey Shokrian	
TitleCEO	
Emailjeff@791coop.org	
Addressjeff@791coop.org	
City P.O Box 592867 State TX Zip 78259	
Phone 832-752-5978 Fax	
Date	