Vendor Information Packet



CyberLynx PO Box 599 Nenana, AK 99760

Toll Free: 1-888-424-5969 Website: http://cyberlyx.org

Dear Prospective Instructor / Tutor / Service Provider;

CyberLynx welcomes tutors, instructors and instructing institutions of art, music, dance, and physical education to join our vendor list. We also encourage local in-state business owners to provide appropriate non-doctrinal products for homeschoolers. Our vendor list is distributed to each family enrolled with our correspondence program. If you prefer not to be listed, you may still offer your services to CyberLynx families.

It is important to the integrity of our program that we require adequate instruction within a subject area to qualify as a "class or course." Please provide information on the specifics of each class or program you offer. We also require a resume or proof of certification if you are providing instruction and a current copy of your business license. All information is confidential, and used only to confirm credibility in the student's records of accomplishments. If you have a prepared brochure, pamphlet, or other publication which includes the information listed below, you may send that to us.

- 1) Name of class or course or program (ex. "Little Twirlers")
- 2) Goals
- 3) Objectives
- 4) Number of class periods / weeks / etc. (ex. 3 sessions per week for 14 weeks)
- 5) Number of hours (ex. 1 ½ hours per session)
- 6) Required materials (ex. paint brushes, music sheets, etc.)

If a high school student wishes to receive credit for your classes there are additional specific requirements and a course agreement must be completed and approved by the NCSD School Board. Please contact us if there are any questions from a student or parent in such a case.

Sincerely,

CyberLynx Correspondence Program

<u>Please us</u>	e the check list below to make sure that you have submitted all the appropriate documentation:
	Vendor Information Form
-	W-9 Tax form (required if you wish to receive payment directly from CyberLynx)
	Current Business License or State of Alaska Teaching Certificate
	Requested Information if providing services (Lesson plans, Brochures, Pamphlets, etc.)

PLEASE NOTE: CYBERLYNX IS A TAX EXEMPT ORGANIZATION.

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Today's Date:		

Vendor Na	me / Company Title:					
v endor i var	(This should be the sa	ame as the business name on the W-9)				
Nature of v	our service:					
Nature of your service:						
Do you wis	h to be listed in our published vendor list?	Yes No				
To what na	me do you want your payment checks made?					
Mailing Ad	ldress:					
	Street / PO Box	City	State	Zip		
Phone Num	aber: ()	Fax Number: ()				
Email Addı	ress:	Website:				
the qu <u>rec</u>	you expect to provide services for an extended at the family has adequate funds remaining in tote for the service if you expect to provide for ceive the purchase order from us, you may proceive order number clearly stated.	their allotment with us to make payment. Y whatever period you wish within the fiscal	ou may send a j year. <u>After you</u>	price <u>ı</u>		
Do you pre	fer to be paid directly from the parent? (We re	fer to this as REIMBURSEMENTS ONL	Y) Yes	s No		
	ou may still be listed on the vendor list, howev bmitting proof of payment to us for reimburser					
a) b)	1 2					
c) d)	Number of lessons, dates of lessons, and nar Amount paid by parent	me of student				
e) f)	Method of payment (check & number, cash, Your signature	or credit card)				
	Vendor Signature		/	/e		

Note: Please make sure that you also submit a completed W-9. No payments will be released until we have your W-9 on file.