



**VENDOR PROFILE FORM**

Primary contact name for Supplier Diversity Program	
Email address for primary contact	
Business Owner's Ethnicity <i>(check one)</i>	<input type="checkbox"/> African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Other _____
Business Owner's Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male
Supplier Classification <i>(check all that apply and attach certificates as appropriate)</i>	<input type="checkbox"/> MBE: Minority Business Enterprise <input type="checkbox"/> WBE: Women Business Enterprise <input type="checkbox"/> SBE: Small Business Enterprise <input type="checkbox"/> DVBE: Disabled Veteran Business Enterprise <input type="checkbox"/> VOB: Veteran Owned Business <input type="checkbox"/> DBE: Disadvantaged Business Enterprise <input type="checkbox"/> SDB: Small Disadvantaged Business <input type="checkbox"/> LGBT: Lesbian, Gay, Bisexual, Transgender-Owned Business

**Return this form via mail or email to:**

Megan McCormack  
 Supplier Diversity Program Coordinator  
 Hinckley, Allen & Snyder LLP  
 100 Westminster Street  
 Ste. 1500  
 Providence, RI 02903  
 Email: mmccormack@hinckleyallen.com