



AUTISM AWARENESS FAIR REGISTRATION FORM

501C3-TAX ID: 47-2813298

Company/Organization Name: _____

Service/Goods Type: _____

501c3 Federal Identification Number (If applicable): _____

Contact Name: _____

Title: _____ Email: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Fax: _____

- I would like to register as an exhibitor/vendor which will include 1 table and 2 chairs (\$100 Registration Fee)*
- I am providing a Raffle Prize (minimum value of \$25.00) which entitles me to a \$25.00 registration discount*
- I am donating the following silent auction gift (minimum value \$50.00) _____*

All registrants will receive a digital invoice via email from SQUARE. You can pay for your registration online or fill out the form below and submit for processing, THANK YOU!

Payment: Check please make payable to: **Thinkers 4 Autism** Check#

Credit Card: Visa MasterCard Discover American Express

Credit Card# CID EXP

Name on Card: _____ Signature: _____

All Community Fair Registration Forms **ARE SUBJECT TO APPROVAL.**

Please mail forms:
11432 South Street, Ste. #304
Cerritos, CA 90703

Please email forms:
chante@thinkers4Autism.org
(562) 706-2128