



**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*

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