



2019 Vendor Registration Form

My Autism Connection (MAC) is hosting "Walk the Spectrum" a community walk and 5K Run to bring awareness while supporting our programs and services on Saturday, February 9, 2019 from 10am-2pm at the Estero Community Park located at 9200 Corkscrew Palms Blvd. Estero, FL 33928. This year we have added a 5K run to our event that will start at 8am!

Business Type (check one) Non-Profit Organization Business Other

Business or Organization's Name _____

Person Attending Event and Contact #, if different from above:

Name _____ Mobile Contact # _____

Business Address _____ City _____ Zip _____

Phone _____ Email _____

Business Website _____ Socia Media _____

Business/Organization's Profile (brief)

Vendors are encouraged to create an interactive experience at their table, which is helpful in promoting and engaging! Please consider a game or activity with the attendees of this event. This is not mandatory however; if you decide to offer this opportunity, please describe the activities or promotions you will conduct as part of your participation. Please keep in mind, some of our event attendees *may* likely have sensory sensitivities and *may* find it difficult to cope with certain things like, loud noises, pitches/tones and sensitivities to touch.

Vendor Fee:

10x10 Vendor Space: \$100.00

You may also want to bring a canopy shade tent however, you MUST bring weights (i.e. sandbags, NO STAKES) to keep in from blowing away.

\$100.00

Additional Option #1: \$25.00

(1) One 6x3 Table and (2) Two Folding Chairs

Additional Option #1

Additional Option #2: \$75.00

(1) One 10x10 Canopy Shade Tent

Additional Option #2

TOTAL Vendor Space Fee

Early Bird Special \$75 until December 14, 2019

DEADLINE for VENDOR PAPERWORK and PAYMENT in FULL is JANUARY 11, 2019

Payment is due in full with this form. No cancellations. Commitments and payments are final.

MAC is a 501(c) 3 Organization (EIN: 46-3881003)

Hold Harmless Agreement: By applying to exhibit, all Exhibitors and their on-site representatives, and volunteers agree to hold harmless MAC and any co-sponsors of this event, members, volunteers, board members and representatives. The aforementioned groups and individuals are not responsible for any claims, losses, injuries, liabilities or damages which may be suffered by the Exhibitor during the activity designated in this application. The Exhibitor grants MAC the right to photograph all employees/representatives, activities, and attendees for use in MAC publications and promotional materials. Exhibitors are responsible and liable for the conduct of their employees/representatives and volunteers.

Signature acknowledges that authorized representative has read, understands and agrees with the above notice.

Signature of Authorized Representative: _____

Print Name: _____ Date: _____

Please make checks payable to My Autism Connection, Inc.

Mail registration form and payment to:

My Autism Connection, Inc.

8359 Beacon Blvd Suite 311

Ft. Myers, FL 33907

Questions? Contact Dustin at Dustin@WalktheSpectrum.org or 239-201-8133

