



Central Florida Autism Institute, Inc.

# Walk for Autism

## Autism Resource Organization Registration Form

The Central Florida Autism Institute, Inc. is seeking autism service providers to participate in our Walk for Autism on Saturday, April 11, 2008. Service providers will have the opportunity to provide participants information about their services and programs.

### Registration cost:

- Non-Profit Rate: \$25 if payment is received on or before early registration deadline of April 5, 2008.
- For-Profit Rate: \$50 if payment is received on or before early registration deadline of April 5, 2008.

### What you will receive:

- Location at walk registration site
- 6-foot table
- Access to target audience

### What your organization will need to provide:

- Appropriate signage for your area
- Appropriate staffing for duration of walk

### Schedule for Walk Resource Participants:

- Vendor load in 7:00 AM-8:00 AM
- Walker Registration and Resource Event open at 8:00 AM. The walk will start at 9:00 AM.
- Vendor load out 11:00-11:30 AM

We also invite your organization to form a **Walk Team** or recruit additional **volunteers** for the day's activities. This will greatly increase your organization's visibility during the walk. Contact CFAII for a Walker Registration Form and additional information, or register online at [www.cfaii.org](http://www.cfaii.org).

Please complete the attached Registration Form and fax to 863-603-0254 or mail to CFAII, P.O. Box 2237, Lakeland, FL 33806

# Autism Community Resource Registration

Company/Organization Name \_\_\_\_\_ Service/Goods Type \_\_\_\_\_

Website address (to be listed on CFAII Walk for Autism Handout to participants) \_\_\_\_\_

Contact Name \_\_\_\_\_ Mr. \_\_\_\_\_ Mrs. \_\_\_\_\_ Ms. \_\_\_\_\_ Miss \_\_\_\_\_

Title \_\_\_\_\_ Email (required) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (to be listed on CFAII Walk for Autism Handout) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
FAX \_\_\_\_\_

\_\_\_\_\_ We would like to register to Walk for Autism. Anticipated # of walkers \_\_\_\_\_

Team Captain Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

## Registration Fees

Non-Profit	\$25	\$ _____
For-Profit	\$50	\$ _____
	Total Fee	\$ _____

We would like to donate goods or services:

Please describe: \_\_\_\_\_

## Payment:

Check Please make payable to CFAII Check # \_\_\_\_\_

Credit Card \_\_\_\_\_ VISA \_\_\_\_\_ Mastercard Credit Card # \_\_\_\_\_ CID# \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

(Billing Address if different from above) \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

All registrations and items to be sold are subject to approval. Please fax completed form to (863)603-0254 or mail to CFAII, P.O. Box 2237, Lakeland FL 33806

*The Central Florida Autism Institute, Inc. does not contract with any professional fundraisers and receives 100% of all funds. Our State of Florida Certificate Number is 85-8012572491C-4 and our Federal Identification Number is 59-3427964*