



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 12, 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 6, 2008.
- For-Profit Rate: \$50 if payment is received on or before early registration deadline of April 6, 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.

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

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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