

# **SPONSOR/EXHIBITOR REGISTRATION FORM**



**venmo**

Complete form and submit with payment to: Brian.Kelmar@cahumanservices.org

**YOUR SPOT IS NOT GUARANTEED UNTIL PAYMENT IS RECEIVED**

Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Exhibitor name(s) if different from contact:

Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Signature of Contact Person: \_\_\_\_\_

Date: \_\_\_\_\_

Total Purchase: \_\_\_\_\_

Sponsor Package Name: \_\_\_\_\_

Credit Card:

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Security Code: \_\_\_\_\_

E-mail Address for Receipt: \_\_\_\_\_

**Mail check made payable to:**

Commonwealth Autism  
4108 E. Parham Rd.  
Richmond, VA 23228

**Fed Tax ID: 54-1927904**

\*If paying by credit card, additional processing fees apply

All sponsorships are tax-deductible as CA is a 501c3 organization.

