



# Spring Forward for Autism Walk/Run

## Vendor Registration Form

April 30<sup>th</sup>, 2017

UNR's Mathewson-IGT Knowledge Center

Setup is from 7:00-7:30 a.m. Event runs from 7:30-12:00 p.m.

OrganizationName: \_\_\_\_\_

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

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

Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Describe Service/Program/Product: \_\_\_\_\_

**\*\$50 for all Vendors.** You will receive 1 table and 2 chairs. Please call for additional tables/chairs. You are responsible for cleanup of your area.

Method of payment:  Credit Card  Check/Money Order Payable To: JUSTin HOPE Foundation

Credit Card Type:  Visa  Master Card  Discover  American Express

Credit Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_ CID# \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Billing address:  Same as above

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

\*\*\*The sponsors of the Walk/Run reserve the right to exclude any vendor whose participation would be, in the sole discretion of the sponsors, inappropriate.

Submit form/CC payment via email to [justinhopefoundation@gmail.com](mailto:justinhopefoundation@gmail.com)