

## EXHIBITOR REGISTRATION FORM

Company/Organization:	
Address:City:	
Province:Postal Code:	
Contact Name:	
Title:	
Telephone:Email:	
Cell phone contact during the Expo:	
Booth Name: (appear on Online Directory of Exhibitors)	
*** Booth available until August 12th, 2024 on first come first serve basis ***	
Number of booths:x \$75 = Total:	
* maximum of two booths * exhibitors can offer multiple services from one booth	
Payment Options:  Cheque (please make payable to Connect-Belong-Grow Autism Support Association.)  Interac e-Transfer to connectbelonggrow@gmail.com	
Exhibitor Signature:Date:	

For inquiries about Connect-Belong-Grow Autism Support Association, please check out our Facebook page or send us an email at connectbelonggrow@gmail.com.