



***Exhibitor Registration Form  
Autism Awareness Information Forum***

**Please send by April 9, 2010 to Onslow County Partnership for Children,  
Attn: Alex Shreve, 308 Western Blvd, Jacksonville, NC 28546  
FAX: 910-938-0068**

Our agency will commit to participate for the designated time of the event:

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

Agency/Organization Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Web Address: \_\_\_\_\_

Toll Free: \_\_\_\_\_ TDD: \_\_\_\_\_

Contact Person/Title: \_\_\_\_\_

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

(Please print legibly)

SERVICES PROVIDED (Use additional sheet if necessary):

AGES SERVED:

SERVICE AREA (COUNTY, REGIONAL, STATEWIDE):

ELIGIBILITY REQUIREMENTS:

FEES/BILLING ARRANGEMENTS:

SPECIAL HIGHLIGHTS OR OTHER INFORMATION:

AVAILABILITY OF BILINGUAL SERVICES, STAFF OR MATERIALS:

**Each agency will have approximately a 10' X 10' space.**

\_\_\_ We are requesting special arrangements or accommodations for our booth.

Explain fully \_\_\_\_\_

\_\_\_\_\_

CONFIRMATION WILL BE SENT TO VERIFY REGISTRATION.