



Join the Central Coast Autism Spectrum Center
for our *11th Annual*
WALK for AUTISM & RESOURCE FAIR
Sunday May 5, 2019 Noon to 4 pm, Walk starts at 2:30 pm
Mission Plaza San Luis Obispo
www.SLOAutismWALK.org

VENDOR REGISTRATION

Vendor Booth Setup 10 am, Take Down after 4 pm

Date _____
Organization Name _____
Contact Name _____ Title _____
Mailing Address _____
Phone _____ Email _____
Event Day Contact Name/email/phone (If different than above) _____

Please sign me up as a: **Vendor Booth - \$50.00** **Complementary Sponsor Booth**

_____ City of SLO Business License Fee - \$25 For all vendors selling goods/services without a current City of San Luis Obispo Business License, a flat rate of \$25 should be ADDED to your booth fee. This fee will be passed on to the City of San Luis Obispo as required. A City permit will be sent to you after receiving application.

_____ Certificate of Insurance. Please list CCASC P.O. Box 3417 SLO, CA 93403 as an additional insured (contact your insurance company to acquire certificate.) Insurance is required for all businesses.

_____ Our group will be selling food and have the required food permit. Food Vendors must have either the Multiple Event Temporary Food Facility permit or the Single Event Temporary Food Facility permit- both through the Health Department.

_____ Our group would like access to electrical power for _____
Note: Electrical access priority will be given to food vendors. You must provide your own electrical cord(s), equipment, etc. Please no loud music or PA systems at booths.

_____ Describe your free children's activity (Required) _____

Name on card: _____
Card #: _____

Exp. Date: _____
CSV (3 digits on back): _____

Billing address _____
Cardholder phone number (if different than above) _____

Mail, email or fax this completed
form to:
**CCASC/WALK at P.O. Box 3417,
San Luis Obispo, CA 93403**

Contact@SLOAutism.org
Fax (805) 763-1100
Phone (805) 763-1100
www.SLOAutism.org
501c3 Tax ID#: 26-1666484