

11TH ANNUAL *Living with*  
**AUTISM**

A workshop dedicated to unlocking the puzzle of autism — for parents and professionals  
**FRIDAY, APRIL 27  DETROIT MARRIOTT TROY  7:30 A.M.-4 P.M.**

## EXHIBIT CONTRACT

Space will be assigned on a first-come first-serve basis. To guarantee your booth, return this form immediately. Each exhibitor receives: Skirted 6-foot table • 2 chairs • Booth signage • Continental breakfast/lunch for 2 • Access to breakout sessions  
\* additional charges apply for more than 2

**Space Reservation Deadline: March 30 or until sold out**

### STEP 1: ABOUT YOU \*Will appear in resource guide as provided

\*Company Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Contact Phone: \_\_\_\_\_  
\*Address: \_\_\_\_\_  
\*City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ \*Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
\*Website: \_\_\_\_\_

Lunch:  I do not need any vegetarian lunches  I need \_\_\_\_\_ vegetarian lunches.  
(number)

**Your reservation includes a 100-word write-up in the event's resource guide. Please email your write-up to Leslie Gora at [lgora@metroparent.com](mailto:lgora@metroparent.com). DEADLINE: MARCH 30**

### STEP 2: PAYMENT

Payment in the form of a check or charge is required with this form. Please make check payable to Metro Parent Events.

Standard booth cost, \$600

Non-profit booth cost, \$540 (attach copy of EIN certification)

Extra Table (Includes 2 Lunches) additional \$150

Enclosed is a check for \$ \_\_\_\_\_

Please charge \$ \_\_\_\_\_ to my, (circle one) VISA MC AMEX Acct # \_\_\_\_\_ Exp \_\_\_\_ / \_\_\_\_  
Name on card \_\_\_\_\_ Signature \_\_\_\_\_ CVV \_\_\_\_\_

Billing Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

PLEASE NOTE: CONTRACT MUST BE RETURNED WITH PAYMENT IN FULL TO GUARANTEE YOUR BOOTH SPACE. BOOTH SPACE CANNOT BE HELD WITHOUT FULL PAYMENT. ALL PAYMENTS ARE NON-REFUNDABLE. NO ONE WILL BE ALLOWED TO SET UP EXHIBIT IF NOT PAID IN FULL.

### STEP 3: SUBMIT CONTRACT & PAYMENT

**MAIL** this contract, along with a check or credit card information, to: Attn: Living with Autism  
Metro Parent Events  
22041 Woodward Ave.  
Ferndale, MI 48220

OR **FAX** with your credit card information to: 248-399-3970

