



2024 CONFERENCE EXHIBITOR FORM

SAVANNAH **AUTISM** CONFERENCE

autismsavannah.org
matthewreardon.org

Application:

All exhibitor tables will include a skirted 6 ft table with a tablecloth, 2 chairs, and a wastebasket. Please complete this form and return to mwhite@matthewreardon.org

- ★ Non-profit Rate- \$350 includes 1 complimentary ticket
- ★ For Profit Rate - \$500 includes 1 complimentary ticket

We want to be an exhibitor at the 2023 Savannah Autism Conference:

We want our name to appear as: _____

Primary Contact: _____

Phone/Email: _____

Mailing Address: _____

Name on Credit Card: _____ Billing Zip Code: _____

Credit Card #: _____ Exp. Date: _____ CVS Code: _____

Signature: _____

Email (if signee if different than above) _____

Matthew Reardon is authorized to charge: \$ _____

Attendee Information (complimentary ticket)

Full Name: _____ Email Address: _____

Please list any accessibility or dietary accommodations: _____

Which most closely describes attendees profession/involvement with autism (circle one):

Educator | Parent/Advocate | Therapist | Other: _____

Please make all checks payable to The Matthew Reardon Center for Autism. Checks may be mailed to 11500 Middleground Road Savannah, GA 31419.

Thank you for your support! If you have any questions, please contact Mollie at (912) 657-4070, or conference@autismsavannah.org. The Matthew Reardon Center for Autism is a 501(c)3 non-profit corporation. Contributions are tax deductible according to IRS regulations.