



The Chase Academy

INNOVATIVE EDUCATION FOR CHILDREN WITH AUTISM SPECTRUM DISORDERS

3rd Annual Chase Your Dreams Family Day Expo **Vendor Application**

Company Name: _____

Mailing Address: _____

City, State: _____ Zip Code: _____

Phone Number: _____ Contact Name: _____

Contact Email Address: _____

Nature of Business: _____

Non-Profit (501(c)3)*? No _____ Yes _____

**Please provide a copy of your 501(c)3 paperwork when you send your fee.*

Booth Information

Each booth area is a 10 x 10 paved location outside the church; electrical access is not assured. Tables, chairs signage and tenting should be provided by the vendor. All vendor names and/or logos will be included in Expo program. Performances will be located inside the sanctuary.

Number of Booths: _____ @ 25.00 non-profit; \$50.00 small business \$100.00 corporate

Special Needs: _____

Does your organization have a **student-based** performance? Yes _____ No _____

Special Equipment / space Used? _____

All audio-visual and other non-standard equipment should be provided by the Vendor

Please email a jpg copy of your logo to mtlundell@aol.com for use in the Expo program.