



7th Annual Beach Bash
Sunday, September 11, 2011

Exhibitor Application

Thank you for your interest in exhibiting at Autism Family Services of New Jersey's 7th Annual Beach Bash in Belmar, NJ. Based on the success of our 2010 exhibitor tent, we will be expanding its size for attendees to learn of products, programs and services related to the autism community!

Benefits for Exhibitors

- The Beach Bash is free for attendees and has doubled in size each year since its inception in 2005.
- In 2009, over 5,000 people from the autism community attended the event.
- All attendees have a specific interest in autism, making this a prime target for ASD products, services and programs.
- Majority of attendees are from New Jersey with some individuals traveling from as far as Delaware, Pennsylvania and Rhode Island.
- Autism Family Services of New Jersey will include a link to all approved vendor websites on our website through December 2011.

Standard Booth Equipment & Information

- Set Up begins at 7:30am and all exhibitors must be set up by 9:00am
- Vendors are responsible for setting up and taking apart their own space. Please note that the event is physically on the beach, in the sand, and loading of materials is the sole responsibility of the exhibitor.
- Each space will consist of one 6 foot table and two chairs, with an alternative opportunity to purchase a single, premium 10' x 10' exhibitor tent for increased and concentrated exposure.
- Includes two wristbands for the lunch tent.
- Electricity is available on a first come, first served basis for an additional \$25 per space.

All exhibitor applications are pending approval of the review committee. A decision will be made within two weeks of submission. Once reviewed, all applicants will be notified as to the final decision of participation.



**Autism Family
Services of
New Jersey**

Beach Bash Exhibitor Application Form

Name of Company/Organization:		
Address:		
Address 2:		
City:	State:	
Zip		
Telephone:	Fax:	
Email:		
Booth Attendant 1:		
Booth Attendant 2:		
EXHIBITOR PROFILE: Please describe your organization, products and/or services (50 words or less) Attach your profile to the Exhibitor Registration Form. *If your business is selling items at your table, all items must be approved by Autism Family Services of New Jersey in advance and a copy of your Tax Identification Number must be sent in with your Exhibitor Registration Form.		
Please choose one:		
6' Exhibitor Table (w/ two chairs):	\$350.00	_____
Premium 10' x 10' Exhibitor Tent:	\$850	_____
Number of Tables: _____		
Electricity: _____ (\$25.00 per table/space)		
Total Amount: _____		
Total Amount due via check or credit card with submission of application.		
Credit Card #:		
Expiration Date:	CVV#:	Billing Zip
Code:		
Name on Card:		

Please clearly print or type.

Mail completed forms and payment to:

Autism Family Services of New Jersey

Attn: Heather Comstock

1 AAA Drive, Suite 203

Trenton, NJ 08691

Phone: (877) 237-4477

Fax: (609) 392-5621

