



Vendor Application

Autism Society of Miami Dade

For exhibitors, service providers, resource tables, food vendors, and community partners.

Vendor / Exhibitor Information

Company / Organization Name

Contact Name

Title

Street Address

City

State

ZIP

Phone

Email Address

Website / Social Media

EIN / Tax ID (optional)

Type of Organization

Primary Contact Day of Event

Vendor Type

- | | |
|---|--|
| <input type="checkbox"/> Nonprofit organization | <input type="checkbox"/> For-profit business |
| <input type="checkbox"/> Government / public agency | <input type="checkbox"/> Healthcare / therapy provider |
| <input type="checkbox"/> Education provider | <input type="checkbox"/> Food vendor |
| <input type="checkbox"/> Retail / merchandise | <input type="checkbox"/> Sponsor with vendor table |
| <input type="checkbox"/> Community resource partner | <input type="checkbox"/> Other |

Event / Program Information

Event Name

Event Date(s)

Requested Booth / Table Size

Number of Representatives Attending

Arrival / Setup Time Needed

Breakdown Time Needed

Describe products, services, resources, or items to be displayed, distributed, or sold.

Target Audience / Families or Community Members Served



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Vendor Space Requested

Requested Setup / Needs

- | | |
|--|---|
| <input type="checkbox"/> One table | <input type="checkbox"/> Two tables |
| <input type="checkbox"/> Chairs needed | <input type="checkbox"/> Electricity requested |
| <input type="checkbox"/> Indoor space preferred | <input type="checkbox"/> Outdoor space acceptable |
| <input type="checkbox"/> Wi-Fi requested | <input type="checkbox"/> Vehicle/trailer access |
| <input type="checkbox"/> Quiet/sensory-friendly location preferred | <input type="checkbox"/> Other |

Explain electricity, equipment, booth layout, accessibility, food service, or other special requests.

Vendor Fee / Donation Amount

Payment Method

Receipt Needed?

Required Documents and Compliance

Vendor must comply with all applicable laws, permits, licenses, venue rules, health requirements, insurance requirements, sales tax obligations, and event instructions. Food vendors may be required to provide health permits, food safety documents, and additional insurance documentation before approval.

Documents Provided / To Be Provided

- | | |
|---|---|
| <input type="checkbox"/> Certificate of Insurance | <input type="checkbox"/> Business license |
| <input type="checkbox"/> Food permit / health permit | <input type="checkbox"/> Sales tax certificate |
| <input type="checkbox"/> Nonprofit determination letter | <input type="checkbox"/> Product/service literature |
| <input type="checkbox"/> Logo / marketing material | <input type="checkbox"/> No additional documents applicable |

Licenses, permits, insurance, or compliance documents attached or pending.



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Vendor Rules and Conduct

Vendor agrees to maintain a clean and safe exhibit area, keep aisles clear, avoid blocking emergency exits, refrain from aggressive sales tactics, respect families and attendees, avoid making medical/legal claims that are not permitted by law, and follow all directions from Autism Society of Miami Dade or venue representatives. Autism Society of Miami Dade may deny, relocate, remove, or close a vendor space at its discretion for safety, noncompliance, inappropriate conduct, or event needs.

Vendor Acknowledgments

- I agree to follow all event and venue rules.
- I agree to keep my vendor area safe and professional.
- I understand vendor approval and booth placement are not guaranteed.
- I understand fees may be non-refundable unless otherwise approved in writing.

Vendor Hold Harmless, Injury, Property Damage, and Theft Disclosure

Vendor understands that participation may involve ordinary risks, including but not limited to setup, breakdown, loading, unloading, weather, public interaction, equipment use, displays, sales, food service, electricity, and venue conditions. Vendor is responsible for its own staff, representatives, volunteers, guests, invitees, merchandise, equipment, money, electronics, displays, materials, and property.

To the fullest extent permitted by law, Vendor, on behalf of itself and its owners, officers, employees, agents, contractors, representatives, volunteers, guests, invitees, successors, and assigns, agrees to release, indemnify, defend, and hold harmless Autism Society of Miami Dade, its directors, officers, employees, agents, volunteers, sponsors, partners, contractors, event hosts, venues, successors, and assigns from and against any and all claims, demands, losses, damages, liabilities, injuries, illness, theft, property damage, costs, and expenses, including reasonable attorney fees, arising out of or related to Vendor participation, Vendor operations, Vendor products or services, or the acts or omissions of Vendor or Vendor representatives, except to the extent caused by gross negligence or willful misconduct.

Vendor understands and agrees that Autism Society of Miami Dade is not responsible for any injury, illness, accident, theft, lost property, stolen property, missing money, damaged merchandise, damaged equipment, damaged displays, vehicle damage, or other loss before, during, or after any event or vendor activity. Vendor is responsible for securing its property and maintaining appropriate insurance coverage.

Required Hold Harmless Acknowledgment

- I have authority to sign on behalf of the vendor/company/organization.
- I have read and understand the hold harmless, injury, property damage, and theft disclosure.
- Vendor voluntarily agrees to participate under the terms above.

For additional information or questions, please email us at: Office@autismsocietymiamidade.com



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Vendor Certification and Signature

By signing below, I certify that the information provided is true and complete, that I am authorized to submit this application on behalf of the vendor, and that I understand approval is subject to review by Autism Society of Miami Dade.

Applicant / Authorized Representative Signature

Date

Printed Name

Title / Role

Company / Organization

Application Submission

Please submit the completed application with any required supporting documents. Final acceptance is subject to review and written approval by Autism Society of Miami Dade. Submission of an application does not guarantee acceptance, booth placement, sponsorship recognition, or participation in any specific event or program.

Submitted By

Submission Date

Preferred Contact Method

Office Use Only

Application Status

Approved

Denied

Waitlisted

More information requested

Reviewed By

Review Date

Amount Paid / Donation Received

Office Notes / Approval Conditions