



# Autism Resource Fair Vendor Registration Form

**Hosted by Mississippi Department of Mental Health**

**Event Date:** April 28, 2026

**Location:** Mississippi Trade Mart

**Vendor Setup Time:** 3:00 PM – 5:00 PM

**Event Time:** 5:00 PM (Prompt Start)

## Vendor Information

Organization/Business Name: \_\_\_\_\_

Contact Person Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Website: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

## Type of Services Provided (check all that apply)

Evaluation  ABA  Speech  OT  PT  Education  Employment  Child Care  Lifestyle

Other: \_\_\_\_\_

## Services Description

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## Target Population Served

Early Childhood  School Age  Adults  All Ages

## Table & Setup Needs

Electricity Needed:  Yes  No

Additional Needs: \_\_\_\_\_

## Materials & Activities

■ Brochures ■ Giveaways ■ Interactive Activity ■ Other: \_\_\_\_\_

## Agreement

By signing below, you acknowledge that:

- Participation is for informational and community support purposes.
- You will arrive on time and remain for the full event.
- You will follow all guidelines from Mississippi Department of Mental Health.
- You are responsible for setup and cleanup.
- You will act professionally and provide accurate information.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Submission Information

Return to: Shavvone Williams

Email: shavvone.williams@dmh.ms.gov

Deadline: April 14, 2026