

## **ENTERTAINMENT REGISTRATION**

Sunday October 28<sup>th</sup>, 2012

Online registration: www.AccessAbilityFest.com

## Bringing resources and recreation to people with disabilities and their families

**Location:** HemisFair Park 600 Hemisfair Plaza Way (downtown San Antonio adjacent to the Henry B. Gonzalez

Convention Center at the corner of Cesar Chavez & Alamo) · San Antonio, Texas 78205

Schedule: 12:00pm - 5:00pm Event

**Deadline:** October 1<sup>st</sup>, 2012 or until all performance slots are filled

**Participation as part of the Entertainment is FREE** as you are providing some form of activity or service for the attendees to participate in at the event. Feel free to bring information to distribute during your designated performance time in the Entertainment area. Thank you!

Indicate your agency/o ☐ For-Profit	organization/business type:  One-Profit	☐ Volunteer Group	☐ Other:		
Indicate the target ma ☐ Physical Disabilities	rket for your product/service  Developmental Disabilities	s*: ☐ Sensory Disabilities	☐ Mental Health	☐ General/Overall	
Indicate the type of pr ☐ Benefits Management ☐ Residential Options		mployment [		Health & Nutrition Other:	
abilities of p	Fest is dedicated to individuals wi people with disabilities. We are so In have overcome their disability to	eeking groups to perform tha	at are made up of one o	or more people	
Entertainment slots will	be assigned on a first come, first serve b Materials about your progr	pasis. • <u>NO</u> solicitations or sales are ram may be put on display during y		vice Animals only, no pets. •	
	de one or more people with a source Directory as an entity that	<del>-</del>	☐ No or special activities for	individuals with disabilities.	
Description of Performance (what does your performance entail and do you have any special requirements)					
Please check all that ap  Mics x  Chairs x  Audio Set-up  Tape	☐ Time Restrictions	tension cords x		tlets x include in description above)	
Mail or Fax Form to:	Heather Long; c/o The Arc of	San Antonio • 13430 W	est Avenue • 7821	6 · Fax (866) 461-5481	
Organization/Group:					
Description of Group					
Address:	ress: City, State Zip:		tate Zip:		
Primary Phone Number:		URL (w	URL (website):		
Facebook:		Twitte			
• •	ttending:				
Email (Required for N	Main Contact):				

If you would also like to participate as an exhibitor, you have the following options:

**Exhibitor:** \$600 (Includes \$600 value in on-air messages with TPR, 6' Table, 2 Chairs, disABILITYsa.org partnership & Resource Directory listing) **Non-profit Exhibitor Option:** \$25 (Includes 6' Table, 2 Chairs, disABILITYsa.org partnership & Resource Directory listing)