



City of Jacksonville's

5th Annual Disability Expo - July 24, 2026

Exhibitor Registration Form

All fields are required, do not leave anything blank, if it does not apply, please insert N/A!

General Information:

Business/Organization Name: _____

Contact Last/First Name: _____

Business Address: _____

City: _____, **State:** _____ **Zip Code:** _____

County/Counties where you provide services (required):

Phone: (____) _____ **Mobile:** Yes No **Email:**

Description of services or products your business offers (Limit 50 Words or fewer):

Is this your first time participating in the City of Jacksonville Disability Expo?

Yes: ____ (If yes, Expo Year: ____) **No:** ____

If you require accommodation, please describe: _____

Do you need an electrical plug-in at your booth? (additional cost may apply):

Yes: ____ **No:** ____



Once your application is submitted, it will undergo processing. You will then receive a determination regarding your application to participate as an exhibitor. Due to Space limitations, we are unable to guarantee a booth. Kindly allow time for the Division to process your request. Please indicate you have read the process:

_____ **Yes, I understand.**

_____ No, I have questions.

If you need additional information or have questions, please contact Sara King at

SKing1@coj.net or Tereese Goodloe at TGoodloe@coj.net