

South Florida's Best Attended Senior Events! For more details, please visit our website: www.Retirement-Times.com

- During Medicare Plus Open Enrollment -
SENIOR LIFESTYLE & HEALTHCARE EXPO
WEST BOYNTON RECREATION CENTER

6000 NORTHTREE BLVD., LAKE WORTH/BOYNTON, FL 33463

Monday, November 1, 2021 – 9:30AM to 2:00PM

Business Name _____

Mailing Address _____

City, State, Zip _____

Phone Number _____ Fax Number _____

Email _____

Website _____

Key Contact Person/Title _____

Senior Product/Service _____

Our company requests assignment of exhibit space # _____, based on availability. (Please see floor plan)

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**EXHIBIT SPACE OPTIONS** (check one)

- Exhibit Space: 6 ft. Standard Display w/ Two Chairs @ \$400 = \_\_\_\_\_ ☐
- Perimeter 6 ft. Exhibit Space: includes Electric Service @ \$450 = \_\_\_\_\_ ☐
- Silver Sponsor Package: includes Front Corner Space/Electric @ \$550 = \_\_\_\_\_ ☐
- Gold Sponsor Package: Front Space w/Electric/Einstein Bagels @ \$650 = \_\_\_\_\_ ☐
- Platinum Sponsor Package: Gold Perks with Nathans Hot Dogs @ \$850 = \_\_\_\_\_ ☐
- Diamond Sponsor Package: Platinum Perks with 1 Hour Seminar Slot @ \$1000 = \_\_\_\_\_ ☐

**SPONSORSHIP PACKAGES:** FOR A FULL DESCRIPTION OF EACH SPONSORSHIP LEVEL, PLEASE VISIT OUR WEBSITE.

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I acknowledge that my signature on this contract represents that I will abide by the Exhibitor Rules & Regulations as set forth on this event's website. An exhibit space invoice will be sent out upon receipt of your completed space contract.

Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

MAKE CHECKS PAYABLE TO: EXPO MEDIA, Inc., 4846 N. University Dr., #134, Lauderhill, FL 33351

Tel: 754-246-2874 / Fax: 954-462-6672 / Email: drew@retirement-times.com / [www.Retirement-Times.com](http://www.Retirement-Times.com)

## 17th Annual

# EXHIBIT SPACE AGREEMENT

**OPEN  
ENROLLMENT**

## *The Best of Times ...*

**SENIOR LIFESTYLE & HEALTHCARE EXPO**  
**GULFSTREAM PARK - FLAMINGO ROOM**

**901 S. FEDERAL HWY., HALLANDALE BEACH, FL 33009**

**Tuesday, November 9, 2021 – 10:00AM to 3:00PM**

## LOTS OF ATTENDEES! HUGE AD CAMPAIGN!

**Business Name** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email \_\_\_\_\_

Website \_\_\_\_\_

**Key Contact Person/Title** \_\_\_\_\_

**Senior Product/Service** \_\_\_\_\_

Our company requests assignment of exhibit space #\_\_\_\_\_, based on availability. (Please see floor plan)

[illegible]**EXHIBIT SPACE OPTIONS** (check one)

- **Exhibit Space: 6 ft. Standard Display w/ Two Chairs @ \$400 = \_\_\_\_\_** ☒
- **Perimeter 6 ft. Exhibit Space: includes Electric Service @ \$450 = \_\_\_\_\_** ☐
- **Silver Sponsor Package: includes Corner Perimeter Space @ \$550 = \_\_\_\_\_** ☐
- **Gold Sponsor Package: includes Foyer Perimeter Display @ \$ 650 = \_\_\_\_\_** ☐
- **Platinum Sponsor Package: includes Prime Display/Breakfasts @ \$850 = \_\_\_\_\_** ☐

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\*\*\*\*\*

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| Name | Title | Date |
|------|-------|------|
|------|-------|------|

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19TH ANNUAL

# POMPANO SENIOR EXPO

ALL BROWARD  
ATTENDANCE

## EXHIBIT SPACE CONTRACT

*The Best of Times ...*

**SENIOR LIFESTYLE & HEALTHCARE EXPO**

**POMPANO BEACH CIVIC CENTER**

**1801 NE 6th Street, Pompano Beach, FL 33060**

**Tuesday, Nov. 16th, 2021 – 9:30AM to 2:00PM**

**Lots of Attendees! OPEN to the PUBLIC**

Business Name \_\_\_\_\_

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

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email \_\_\_\_\_

Website \_\_\_\_\_

Key Contact Person/Title \_\_\_\_\_

Senior Product/Service \_\_\_\_\_

Our company requests assignment of exhibit space # \_\_\_\_\_, based on availability.

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EXHIBIT SPACE OPTIONS (check one)

- Exhibit Space: 6 ft. Standard Display w/ Two Chairs @ \$400 = _____ ☐
- Perimeter 6 ft. Exhibit Space: includes Electric Service @ \$450 = _____ ☐
- Silver Sponsor Package: includes Perimeter Space/Electric @ \$550 = _____ ☐
- Gold Sponsor Package: includes Front/Corner Space w/Elec @ \$650 = _____ ☐
- Platinum Sponsor: includes above, plus attendee breakfast/lunch @ \$850 = _____ ☐

SPONSORSHIP PACKAGES: FOR A FULL DESCRIPTION OF EACH SPONSORSHIP LEVEL, PLEASE VISIT OUR WEBSITE.

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Name _____ Title _____ Date _____

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South Florida Senior Expos
EXPO MEDIA, INC.
4846 N. University Drive
Suite 134
Ft. Lauderdale, FL 33351
Phone: 754-246-2874
Fax: 954-462-6672

Credit Card Authorization Form

CARD HOLDER INFORMATION

Name or Company Name: _____

Billing Address: _____

City: _____

State: _____

Zip: _____

Email Address: _____

PHONE: _____

PAYMENT AUTHORIZATION

Card Type: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Card No.: _____ Exp. Date: _____

Card Identification Number (CVV2 Code): _____

I, _____ authorize EXPO MEDIA, INC. to process a charge against my credit card account in the amount of \$ _____ for the payment of the Senior Lifestyle & Healthcare Expo

Telephone Number: 754-246-2874 Fax Number: 954-462-6672

EMAIL ADDRESS: expomedia@hotmail.com

Print Name as it appears on Credit Card: _____

Signature: _____

Date: _____

- Any refunds requested on these expos will be honored toward future events or Senior Expo advertising. No cash or credit card refunds, no exceptions.

Note: EXPO MEDIA, INC. does not keep a file of credit card numbers. At the completion of the transaction, this document with your credit card number will be shredded.