

VENDOR SPACE APPLICATION



SENIOR LIFESTYLE & HEALTHCARE EXPOS

WINTER / SPRING / FALL 2024 SCHEDULE

		WINTER OF KING / FALL 2024 GOTTEDGEL			
	<mark>☑</mark> Please <u>check</u>	all the Senior Expo events in which your company would like to exhibit!			
 	☐ TUESDAY, ☐ MONDAY, ☐ MONDAY, ☐ TUESDAY,	FEBRUARY 26, 2024 - SOUTH COUNTY CIVIC CENTER, DELRAY BEACH MARCH 5, 2024 - EMMA LOU OLSON CIVIC CENTER, POMPANO BEACH MARCH 25, 2024 - WEST BOYNTON RECREATION CENTER, BOYNTON BEACH OCTOBER 28, 2024 - WEST BOYNTON RECREATION CENTER, BOYNTON BEACI NOVEMBER 12, 2024 - EMMA LOU OLSON CIVIC CENTER, POMPANO BEACH NOVEMBER 18, 2024 - SOUTH COUNTY CIVIC CENTER, DELRAY BEACH			
		EXHIBIT SPACE REGISTRATION FORM			
	Business Name_				
		Fax Number			
1					
Website Key Contact Person/Title					
		^^^^^^			
(ched	ck option box below)	EXHIBIT SPACE OPTIONS			
	One Perimeter Spac Silver Sponsor: incl Gold Sponsor: inclu Platinum Sponsor: l	oit Space: 6 ft. Table w/ 2 Chairs @ \$400 Sign-up for 4 Senior Expos or more = \$350 per exposite: includes Electrical Service @ \$450, plus Preferred Exhibit Space Placement = \$400 for 4 exposites Corner Space/Electrical Connection/Sponsor Recognition & Announcements @ \$550 lides Front or Corner Space/Electrical Connection/Einstein's Bagel Breakfast Sponsor @ \$650 front or Corner Space/Electrical/Einstein Bagels & Nathan's Hot Dogs/4 Brothers Lunch @ \$950 front or Corner Space/Electrical/Einstein Bagels & Sponsor Corner Space/Electrical/Einstein Bagels & Sponsor Corner Space/Electrical/Einstein Bagels & Sponsor County Civic Center/Delray @ \$1250 front or Corner Space/Electrical/Einstein Bagels & Sponsor County Civic Center/Delray @ \$1250 front Sponsor Exposure = \$350 per exponsor = \$350 per e			
***		Senior Expos or more = \$350/event (NO ELECTRIC)			
-111F	I acknowledge that m	ny signature on this contract represents that I will abide by the Exhibitor Rules & Regulations posted on website t card form will be sent out upon receipt of your completed exhibit space contract.			
	Name	Title Date			
	•	MASTERCARD, AMERICAN EXPRESS and DISCOVER credit cards. vable 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

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



EXHIBIT SPACE AGREEMENT

ENROLLMENT

The Best of Times ...

SENIOR LIFESTYLE & HEALTHCARE EXPO SOUTH COUNTY CIVIC CENTER - DELRAY

16700 JOG ROAD, DELRAY BEACH, FLORIDA 33446 Monday, February 26, 2024 - 9:30AM to 1:00PM LOTS OF ATTENDEES! HUGE AD CAMPAIGN!

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∕Iaili	ing Address		
City,	State, Zip		
Phone Number Fax Number			
mai	il		
Nebs	site		
	Contact Person/Title		
Senic	or Product/Service		
	company requests assignment of exhibit space #, based on availability. (Please see floor p		
	EXHIBIT SPACE OPTIONS (check one)		
>	Exhibit Space: 6 ft. Standard Display w/ Two Chairs @ \$400 =		
> > >	Silver Sponsor Package: includes Corner Perimeter Space @ \$550 = Gold Sponsor Package: includes Perimeter Display/Breakfast @ \$650 = Platinum Sponsor Package: includes Prime Spot/Breakfast/Lunch @ \$950 = Diamond Sponsor Package: Platinum Perks w/ 1 Hr. Seminar Slot @ \$1250 =		
> :***	<u>SPONSORSHIP PACKAGES</u> : FOR A FULL DESCRIPTION OF EACH SPONSORSHIP LEVEL, PLEASE VISIT OUR WEBSITE************************************		
ackno	owledge that my signature on this contract represents that I will abide by the Exhibitor Rules & Regulations as set on this event's website. An exhibit space invoice will be sent out upon receipt of your completed space contract.		
Name	e		
ИАКІ	E CHECKS PAYABLE TO: EXPO MEDIA, Inc., 4846 N. University Dr., #134, Lauderhill, FL 33351		

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POMPANO SENIOR EXPO



EXHIBIT SPACE CONTRACT

The Best of Times ...

SENIOR LIFESTYLE & HEALTHCARE EXPO

POMPANO BEACH CIVIC CENTER

1801 NE 6th Street, Pompano Beach, FL 33060

Tuesday, March 5, 2024 - 9:30AM to 1:00PM

Lots of Attendees! OPEN to the PUBLIC

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ailing Address
ty, State, Zip
none Number Fax Number
nail
ebsite
ey Contact Person/Title
nior Product/Service
ur company requests assignment of exhibit space #, based on availability.
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 @ \$950 =□
SPONSORSHIP PACKAGES: FOR A FULL DESCRIPTION OF EACH SPONSORSHIP LEVEL, PLEASE VISIT OUR WEBSITE. ***********************************
cknowledge that my signature on this contract represents that I will abide by the Exhibitor Rules & Regulations as set th on this event's website. An exhibit space invoice will be sent out upon receipt of your completed space contract.
me Date
AKE CHECKS PAYABLE TO: EXPO MEDIA, Inc., 4846 N. University Dr., #134, Lauderhill, FL 33351

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EXHIBIT SPACE CONTRACT



- During Medicare Plus Open Enrollment -

SENIOR LIFESTYLE & HEALTHCARE EXPOWEST BOYNTON RECREATION CENTER

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

Monday, March 25, 2024 - 9:30AM to 1:00PM

Business Name		
Mailing Address		
City, State, Zip		
Phone Number	Fax Number	
Email		
Website		
Key Contact Person/Title		
Senior Product/Service		
Our company requests assignmer	nt of exhibit space #,	based on availability. (Please see floor plan)
^^^^^	^^^^^	^^^^^
<u>E</u>	XHIBIT SPACE OPTION	IS (check one)
		hairs @ \$400 = Service @ \$450 =
-		Space/Electric @ \$550 = □ /Einstein Bagels @ \$650 = □
 Diamond Sponsor Pack <u>sponsorship packages</u>: for a feature 	kage: PlatinumPerks with ULL DESCRIPTION OF EACH SPONS	nch Snack Sponsor @ \$950 = \Boxed \frac{1}{2} \text{HourSeminarSlot} @ \$1250 = \Boxed \text{Dorship Level, Please Visit our Website.}
		ide by the Exhibitor Rules & Regulations as set on receipt of your completed space contract.
		Date



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:					
DAVMI	ENT AUTHORIZATION					
FATIVI	INTAUTHORIZATION					
Card Type: □ Visa □ MasterCard	d □ Discover □ American Express					
Card No.:	Exp. Date:					
Card Identification Number (CVV2 Co	ode):					
I, authorize	e EXPO MEDIA, INC. to process a charge against my					
credit card account in the amount of	S					
for the payment of the Senior Life:	style & Healthcare Expo					
Telephone Number:754-246-2874	Fax Number: 954-462-6672					
EMAIL ADDRESS: expomedia@hotm	nail.com					
Print Name as it appears on Credit C	ard:					
Signa	ture:					
С	Oate:					
 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.