

VENDOR SPACE APPLICATION



SENIOR LIFESTYLE & HEALTHCARE EXPOS

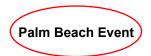
WINTER / SPRING / FALL 2024 SCHEDULE

E	<mark>∕</mark> Please <u>ch</u>	ck all the Senior Expo events in which your company would like to exhibit!				
	TUESDA MONDA MONDA TUESDA MONDA	Y, OCTOBER 28, 2024 - WEST BOYNTON RECREATION CENTER, BOYNTON BEACKY, NOVEMBER 12, 2024 - EMMA LOU OLSON CIVIC CENTER, POMPANO BEACKY, NOVEMBER 18, 2024 - SOUTH COUNTY CIVIC CENTER, DELRAY BEACHY, JANUARY 20, 2025 - WEST BOYNTON RECREATION CENTER, BOYNTON BEACKY, FEBRUARY 11, 2025 - EMMA LOU OLSON CIVIC CENTER, POMPANO BEACKY, MARCH 3, 2025 - SOUTH COUNTY CIVIC CENTER, DELRAY BEACHAY, MARCH 11, 2025 - TAMARAC COMMUNITY CENTER, TAMARAC, FLORIDA	H Ach			
		EXHIBIT SPACE REGISTRATION FORM				
I	Business Nai	ne				
ſ	Mailing Addr	ess				
(City, State, Z	ρ				
Phone Number		er Fax Number				
E	mail					
٧	Vebsite					
К	Key Contact Person/Title					
S	enior Produ	t/Service				
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•	k <u>option</u> box be	,				
□ O □ Si □ G	ne Perimeter S ilver Sponsor: old Sponsor: i latinum Spons	chibit Space: 6 ft. Table w/ 2 Chairs @ \$350 Sign-up for 3 Senior Expos or more = \$295 per expo pace: includes Electrical Service @ \$395, plus Preferred Exhibit Space Placement = \$295 for 3 exincludes Corner Space/Electrical Connection/Sponsor Recognition & Announcements @ \$495 ncludes Front or Corner Space/Electrical Connection/Einstein's Bagel Breakfast Sponsor @ \$595 or: Front or Corner Space/Electrical/Einstein Bagels & Nathan's Hot Dogs/4 Brothers Lunch @ \$8 or Package: Platinum Perks with 1 Hour Seminar Slot at South County Civic Center/Delray @ \$11	xpos 5 895			
	******	3 Senior Expos or more = \$295/event (NO ELECTR	**			
		at my signature on this contract represents that I will abide by the Exhibitor Rules & Regulations posted on we redit card form will be sent out upon receipt of your completed exhibit space contract.	bsite.			
	Name	Title Date				
	•	A, MASTERCARD, AMERICAN EXPRESS and DISCOVER credit cards. 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 South Florida's Best Attended Senior Events! For more details, please visit our website: www.Retirement-Times.com



EXHIBIT SPACE CONTRACT



- During Medicare Plus Open Enrollment -

SENIOR LIFESTYLE & HEALTHCARE EXPOWEST BOYNTON RECREATION CENTER

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

Monday, October 28, 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 assignment	t of exhibit space #, b	pased on availability. (Please see floor plan)
Exhibit Space: 6 ft. Sta	CHIBIT SPACE OPTIONS	Service @ \$395 =
Silver Sponsor Packages Gold Sponsor Packages Platinum Sponsor Pack Diamond Sponsor Packages Sponsorship Packages: For a Fu ************************************	e: includes Front Corner S Front Space w/Electric/ Frage: Gold Perks with Lun age: PlatinumPerks with1 ULL DESCRIPTION OF EACH SPONSO FRACE SPONSO F	Einstein Bagels @ \$495 = Einstein Bagels @ \$595 = Eich Snack Sponsor @ \$895 = HourSeminarSlot @ \$1195 = RSHIP LEVEL, PLEASE VISIT OUR WEBSITE. ***********************************
Name	Title	Date
MAKE CHECKS PAYABLE TO: EXP	O MEDIA, Inc., 4846 N. Unive	ersity Dr., #134, Lauderhill, FL 33351



POMPANO SENIOR EXPO



EXHIBIT SPACE CONTRACT

The Best of Times ...

SENIOR LIFESTYLE & HEALTHCARE EXPO EMMA LOU OLSON CIVIC CENTER, POMPANO

1801 N.E. 6th Street, Pompano Beach

Tuesday, November 12, 2024 - 9:30AM to 1:00PM

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	it space #, based on availability.				
	ACE OPTIONS (check one)	\ ^^			
	isplay w/ Two Chairs @ \$350 =[ncludes <u>Electric Service</u> @ \$395=[
 ➢ Silver Sponsor Package: includes Perimeter Space/Electric @ \$495 = ➢ Gold Sponsor Package: includes Front/Corner Space w/Elec @ \$595 = ➢ Platinum Sponsor: includes above, plus attendee breakfast/lunch @ \$895 = 					
	TION OF EACH SPONSORSHIP LEVEL, PLEASE VISIT OUR WEBSITE.	***			
	presents that I will abide by the Exhibitor Rules & Regulations as set ice will be sent out upon receipt of your completed space contract.				
Name	_ Title Date				
•	Inc., 4846 N. University Dr., #134, Lauderhill, FL 33351				
Tel: 754-246-2874 / Fax: 954-462-6672 / Ema	nail: drew@retirement-times.com / www.Retirement-Times.c	om			



EXHIBIT SPACE AGREEMENT

OPEN ENROLLMENT

The Best of Times ...

SENIOR LIFESTYLE & HEALTHCARE EXPO SOUTH COUNTY CIVIC CENTER - DELRAY

16700 JOG ROAD, DELRAY BEACH, FLORIDA 33446 Monday, November 18, 2024 – 9:30AM to 1:00PM

LOTS OF ATTENDEES! HUGE AD CAMPAIGN!

Dusi	siness Name		
Mai	iling Address		
City,	y, State, Zip		
Pho	one Number	Fax Number	
Ema	ail		
Web	bsite		
Key	Contact Person/Title		
Seni	nior Product/Service		
Our	company requests assignm	nent of exhibit space #,	based on availability. (Please see floor plan)
^^^		^^^^^	^^^^^
		EXHIBIT SPACE OPTION	S (check one)
>			hairs @ \$350 =
> >	Gold Sponsor Packa	ge: includes Perimeter Disp	eter Space @ \$495 = □ play/Breakfast @ \$595 = □
> >	=		ot/Breakfast/Lunch @ \$895 = □ 1 Hr. Seminar Slot @ \$1195 = □
	SPONSORSHIP PACKAGES: F	OR A FULL DESCRIPTION OF EACH SPO	ONSORSHIP LEVEL, PLEASE VISIT OUR WEBSITE.
>	*******		
> ****	knowledge that my signature on	this contract represents that I will abi	ide by the Exhibitor Rules & Regulations as set on receipt of your completed space contract.



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.