

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

15th Annual

EXHIBIT SPACE CONTRACT

Palm Beach Event

- During Medicare Plus Open Enrollment - SENIOR LIFESTYLE & HEALTHCARE EXPO WEST 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 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 @ \$350 = \_\_\_\_\_ ☐
- Perimeter 6 ft. Exhibit Space: includes Electric Service @ \$395 = \_\_\_\_\_ ☐
- Silver Sponsor Package: includes Front Corner Space/Electric @ \$495 = \_\_\_\_\_ ☐
- Gold Sponsor Package: Front Space w/Electric/Einstein Bagels @ \$595 = \_\_\_\_\_ ☐
- Platinum Sponsor Package: Gold Perks with Lunch Snack Sponsor @ \$895 = \_\_\_\_\_ ☐
- Diamond Sponsor Package: Platinum Perks with 1 Hour Seminar Slot @ \$1195 = \_\_\_\_\_ ☐

**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](mailto:drew@retirement-times.com) / [www.Retirement-Times.com](http://www.Retirement-Times.com)

19TH ANNUAL

# POMPANO SENIOR EXPO

ALL BROWARD  
ATTENDANCE

## 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 space # \_\_\_\_\_, based on availability.

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EXHIBIT SPACE OPTIONS (check one)

- Exhibit Space: 6 ft. Standard Display w/ Two Chairs @ \$350 = _____ ☐
- Perimeter 6 ft. Exhibit Space: includes Electric Service @ \$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 = _____ ☐

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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26th Annual

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!

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 @ \$350 = _____ ☐**
- **Perimeter 6 ft. Exhibit Space: includes Electric Service @ \$395 = _____ ☐**
- **Silver Sponsor Package: includes Corner Perimeter Space @ \$495 = _____ ☐**
- **Gold Sponsor Package: includes Perimeter Display/Breakfast @ \$ 595 = _____ ☐**
- **Platinum Sponsor Package: includes Prime Spot/Breakfast/Lunch @ \$895 = ____ ☐**
- **Diamond Sponsor Package: Platinum Perks w/ 1 Hr. Seminar Slot @ \$1195 = ____ ☐**
- **SPONSORSHIP PACKAGES: FOR A FULL DESCRIPTION OF EACH SPONSORSHIP LEVEL, PLEASE VISIT OUR WEBSITE.**

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
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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.