



#### SENIOR LIFESTYLE & HEALTHCARE EXPOS WINTER / SPRING / FALL 2024 SCHEDULE

☑Please <u>check</u> all the Senior Expo events in which your company would like to exhibit!

- MONDAY, FEBRUARY 26, 2024 SOUTH COUNTY CIVIC CENTER, DELRAY BEACH
- **TUESDAY, MARCH 5, 2024 CHARLOTTE BURRIE CENTER, POMPANO BEACH**
- MONDAY, MARCH 25, 2024 WEST BOYNTON RECREATION CENTER, BOYNTON BEACH
- MONDAY, OCTOBER 28, 2024 WEST BOYNTON RECREATION CENTER, BOYNTON BEACH
- TUESDAY, NOVEMBER 12, 2024 CHARLOTTE BURRIE CENTER, POMPANO BEACH
- MONDAY, NOVEMBER 18, 2024 SOUTH COUNTY CIVIC CENTER, DELRAY BEACH

### EXHIBIT SPACE REGISTRATION FORM

| Business Name          |            |  |
|------------------------|------------|--|
| Mailing Address        |            |  |
|                        |            |  |
| Phone Number           | Fax Number |  |
| Email                  |            |  |
|                        |            |  |
|                        |            |  |
| Senior Product/Service |            |  |
|                        |            |  |

(check option box below)

#### **EXHIBIT SPACE OPTIONS**

- One Standard Exhibit Space: 6 ft. Table w/ 2 Chairs @ \$400 --- Sign-up for 4 Senior Expos or more = \$350 per expo
   One Perimeter Space: includes Electrical Service @ \$450, plus Preferred Exhibit Space Placement = \$400 for 4 expos
- □ Silver Sponsor: includes Corner Space/Electrical Connection/Sponsor Recognition & Announcements @ \$550
- Gold Sponsor: includes Front or Corner Space/Electrical Connection/Einstein's Bagel Breakfast Sponsor @ \$650
- Platinum Sponsor: Front or Corner Space/Electrical/Einstein Bagels & Nathan's Hot Dogs/4 Brothers Lunch @ \$950
- Diamond Sponsor Package: Platinum Perks with 1 Hour Seminar Slot at South County Civic Center/Delray @ \$1250

# Select 2 Senior Expos or more = \$350/event (NO ELECTRIC)

I acknowledge that my signature on this contract represents that I will abide by the Exhibitor Rules & Regulations posted on website. An invoice and credit card form will be sent out upon receipt of your completed exhibit space contract.

Name\_\_\_

Title

Date\_\_\_\_\_

We accept VISA, MASTERCARD, AMERICAN EXPRESS and DISCOVER credit cards.

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

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

Attention: Office Manager, Sales, Marketing Manager, Administrator or Community Outreach Liaison

| 26th Annual             | EXHIBIT SPACE AGREEMENT OPEN<br>ENROLLMENT                                      |
|-------------------------|---|
|                         | The Best of Times   |
| SEN                     | OR LIFESTYLE & HEALTHCARE EXPO  |
| SOUT                    | H COUNTY CIVIC CENTER - DELRAY  |
| 167                     | 700 JOG ROAD, DELRAY BEACH, FLORIDA 33446                                       |
|                         | day, February 26, 2024 – 9:30AM to 1:00PM<br>TS OF ATTENDEES! HUGE AD CAMPAIGN! |
| Business Name           |   |
|                         |   |
| City, State, Zip        |   |
| hone Number             | Fax Number  |
| mail                    |   |
| Vebsite                 |   |
| Xey Contact Person/Tit  | tle   |
| enior Product/Service   | 2   |
| Our company requests as | ssignment of exhibit space #, based on availability. (Please see floor plan)    |
| ~~~~~~                  | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~   |

#### **EXHIBIT SPACE OPTIONS** (check one)

| $\triangleright$ | Exhibit Space: 6 ft. Standard Display w/ Two Chairs @ \$400 =   |    |
|------------------|---|----|
| $\triangleright$ | Perimeter 6 ft. Exhibit Space: includes Electric Service @ \$450 = 🛛  |    |
| $\triangleright$ | Silver Sponsor Package: includes Corner Perimeter Space @ \$550 = 🗆   | ]  |
| $\triangleright$ | Gold Sponsor Package: includes Perimeter Display/Breakfast @ \$650 = 🗆  | ]  |
| $\triangleright$ | Platinum Sponsor Package: includes Prime Spot/Breakfast/Lunch @ \$950 = 🛛   |    |
| $\triangleright$ | Diamond Sponsor Package: Platinum Perks w/ 1 Hr. Seminar Slot @ \$1250 = D  | ב  |
| ><br>*****       | <u>SPONSORSHIP PACKAGES</u> : FOR A FULL DESCRIPTION OF EACH SPONSORSHIP LEVEL, PLEASE VISIT OUR WEBSITE.<br>************************************   | ** |
|                  | ledge that my signature on this contract represents that I will abide by the Exhibitor Rules & Regulations as set<br>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



### **POMPANO SENIOR EXPO**



### **EXHIBIT SPACE CONTRACT**

### The Best of Times ... SENIOR LIFESTYLE & HEALTHCARE EXPO CHARLOTTE BURRIE CENTER, POMPANO

2669 N. Federal Highway, Pompano Beach

Tuesday, March 5, 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                  |   |                       |      |
|                        |   |                       |      |
| Key Contact Person/T   | itle  |                       |      |
| Senior Product/Servic  | e   |                       | i    |
| Our company requests a | assignment of exhibit space #, ba   | ased on availability. |      |
| ~~~~~                  | EXHIBIT SPACE OPTIONS (C  |                       | ~~~~ |
| 、 ·                    | 6 ft. <u>Standard</u> Display w/ Two Cha<br>. Exhibit Space: includes <u>Electric S</u>                       |                       |      |
| Gold Sponsor           | r Package: includes Perimeter Spac<br>Package: includes Front/Corner Sp<br>nsor: includes above, plus attende | bace w/Elec @ \$650 = |      |
|                        | ES: FOR A FULL DESCRIPTION OF EACH SPONSOF  | •                     | **** |
| • • •                  | ture on this contract represents that I will abide<br>e. An exhibit space invoice will be sent out upon       |                       |      |
| Name                   | Title   | Date                  |      |

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### - During Medicare Plus Open Enrollment -

## **SENIOR LIFESTYLE & HEALTHCARE EXPO** WEST BOYNTON RECREATION CENTER

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

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

| Business Name                              |   |
|--|---|
| Mailing Address                            |   |
|  |   |
| Phone Number                               | Fax Number  |
| Email                                      |   |
|  |   |
| Key Contact Person/Title                   |   |
| Senior Product/Service                     |   |
| Our company requests assignment of exhibit | space #, based on availability. (Please see floor plan) |
| ~~~~~~                                     | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~                 |

#### **EXHIBIT SPACE OPTIONS** (check one)

| 📡 Exhibit Space: 6 ft. Standa  | ard Display w/ Two Ch   | airs @ \$400 =   |      |
|--|---|--|------|
| <ul> <li>Exhibit Space: 6 ft. Standa</li> <li>Perimeter 6 ft. Exhibit Space</li> </ul>       | ace: includes <u>Electric S</u>                                 | ervice @ \$450 =   |      |
| Silver Sponsor Package: ir<br>Gold Sponsor Package: Free                                     | ncludes <u>Front Corner S</u><br>ont Space w/Electric/ <u>E</u> | pace/Electric @ \$550 = [<br>Einstein Bagels @ \$650 =                                       |      |
| Platinum Sponsor Package   |   |  |      |
| Diamond Sponsor Package  | e: PlatinumPerks with <u>1</u>                                  | HourSeminarSlot @ \$1250=  |      |
| <u>SPONSORSHIP</u> <u>PACKAGES</u> : FOR A FULL D  | ESCRIPTION OF EACH SPONSO                                       | RSHIP LEVEL, PLEASE VISIT OUR WEBSITE.<br>***********************************                | **** |
| I acknowledge that my signature on this con<br>forth on this event's website. An exhibit spa | -   | e by the Exhibitor Rules & Regulations as set<br>n receipt of your completed space contract. |      |
| Name   | Title   | Date   |      |
| MAKE CHECKS PAYABLE TO: EXPO M   | /IEDIA, Inc., 4846 N. Unive                                     | rsity Dr., #134, Lauderhill, FL 33351  |      |

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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 INFORMATIO | N      |        |      |
|------------------------|--------|--------|------|
| 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:  |
| <ul> <li>Any refunds requested on these expos will be honored toward future events or<br/>Senior Expo advertising. No cash or credit card refunds, no exceptions.</li> </ul> |
| 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.