

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

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, February 26, 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 @ \$400 = _____** ☐
- **Perimeter 6 ft. Exhibit Space: includes Electric Service @ \$450 = _____** ☐
- **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 = ____** ☐
- **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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MAKE CHECKS PAYABLE TO: EXPO MEDIA, Inc., 4846 N. University Dr., #134, Lauderdale, FL 33351

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

19TH ANNUAL

POMPANO SENIOR EXPO

ALL BROWARD
ATTENDANCE

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 _____

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 @ \$950 = \_\_\_\_\_ ☐

**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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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, 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 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 Lunch Snack Sponsor @ \$950 = _____ ☐
- Diamond Sponsor Package: Platinum Perks with 1 Hour Seminar Slot @ \$1250 = _____ ☐

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.