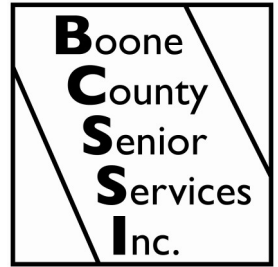


16th Annual
BOONE COUNTY
 Senior Health & Wellness Expo
Saturday, October 5, 2024



Exhibitor Application and Contract

The undersigned hereby applies for space as an exhibitor at the 16th Annual Boone County Senior Health & Wellness Expo to be held on Saturday, October 5, 2024, from 9:00a.m.-Noon at the Boone County 4-H Fairgrounds, Lebanon, IN.

Company / Agency Name _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ FAX (____) _____

Email _____ Website _____

All correspondence regarding our exhibit should be addressed to the attention of:

Name _____ Address (if other than above) _____

Phone _____ Email _____

For publicity purposes, please indicate what service or product you will be offering at the event:

Name desired on ID sign: _____

Please complete this form and return with **payment made payable to:**

Boone County Senior Services, Inc.

515 CrownPointe Dr
 Lebanon, IN 46052
 765.482.5220
 317.873.8939
 Fax: 765-482-5239

sshoup@booneseniors.org

BOOTH SPACE REQUEST

Commercial Exhibitor
 Single—8x8 ft.....\$325 _____
 (\$275 if payment received by June 1)

Commercial Exhibitor &
 Passport Stamp card Sponsor _____
 Single—8x8 ft.....\$400

Non-profit Exhibitor
(Must be a 501(c)3 or a club/group)
 Single—8x8 ft.....\$125 _____
 (\$100 if payment received by June 1)

Electrical Hook-up (yes/no) _____
TOTAL _____

No refund made after September 2, 2024. Note that the booth cost includes 6' skirted table, two chairs and sign.

SPONSORSHIP & BOOTH SPACE REQUEST

Title Sponsor \$2500 _____
 Includes 2 expo booth spaces, logo included in print materials, electronic media & more

Major Sponsor \$1000 _____
 Includes 1 expo booth space, logo included in print materials, electronic media & more

TOTAL _____

We have read the *Boone County Senior Health & Wellness Expo* rules and regulations. We understand that this contract shall be legally binding between BCSSI and the exhibitor. We also understand that any change in the information in this contract must be made in writing.

**Authorized Signature _____ Date _____

**Name (Print or Type) _____ Date _____

Office Use Only:

Accepted By _____

Date _____

Payment Rec'd _____

