2017 Expo for Seniors VENDOR CONTRACT

Expo booth(s) have been reserved with this vendor contract submitted prior to the early bird deadline **and** with receipt of full payment. The Expo is scheduled for **Saturday, August 19, 2017** at the **River's Edge Convention Center in St. Cloud** with vending from **8:00 am to 12:00 pm.**

***Note:** Your Business Listing will appear in the St. Cloud Times Event Directory **exactly** as it appears below:*

Company: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Contact Person: _____Phone: _____

Email: _____Website: _____

Booth Package Selection: (select one)

Package A (Single)	Package B (Double)
8x10 booth	8x20 booth
2 folding chairs	4 folding chairs
1–8' skirted table	2–8' skirted tables

Early Bird Pricing – BEFORE 6/2/17 - must receive to be included in the St. Cloud Times Directory

☐ $300.00 ☐ $600.00

Late Pricing – AFTER 6/5/17 – will NOT be included in the St. Cloud Times Directory

☐ $350.00 ☐ $650.00

Extra Items

☐ $70.00 Electricity Add-On

☐ I need Wi-Fi (you will be provided a voucher on event day)

Will you be providing free health screenings? ☐ Yes ☐ No
If yes, please explain type: _____

Vendor assumes all liability for any loss, damage, or destruction to the property of Vendor or that of the Event location. **Expo for Seniors provides no insurance on account of, or for the benefit of, Vendors or their exhibits.** Vendors shall hold harmless the Expo for Seniors Committee, location and any official contractors against any loss, or damages for injury to person or property sustained. **This contract binds the Vendor to the event dates, deadlines and payment in full of space rent.** Vendor agrees to comply with all state and local laws, as well as Expo for Seniors TERMS and CONDITIONS. Expo for Seniors reserves the right to refuse any vendor. All cancellations prior to 60 days of the show will be subject to a $50 handling charge. No refunds will be granted for cancellations within 60 days of the Expo, unless their Vendor space is able to be successfully filled by another Vendor.

_____ _____ _____
Vendor Signature (required) **Cell Phone Number** **Date**

Payment Options:

☐ Check payment enclosed Check # _____ Amount $ _____

☐ I would like to pay by Credit Card. Please mail in this form or if you prefer, email to jodispeicher@gsc-mn.org. (VISA, MasterCard, American Express or Discover accepted)

_____ _____ _____
(Credit Card Number) (Expiration Date) (CVC Number)

_____
(Name Exactly As It Appears On Credit Card)

☐ I would like to pay by e-Check. Please mail in this form or if you prefer, email to jodispeicher@gsc-mn.org.

_____ _____ _____
(Bank Routing Number) (Account Number) (Check Number)

Mail completed contract (with check) to:
Expo for Seniors Event, Attn: Jodi Speicher, 1115 4th Avenue North, Sauk Rapids, MN 56379
If you have any questions, please call 320-258-9364.