

EXHIBITOR CONTRACT

NMB CHAMBER/CITY, NM CHAMBER/CITY - SENIOR HEALTH & FITNESS FAIR

THURSDAY, MAY 14, 2020 from 9 AM TO 12 PM

MARJORIE & WILLIAM MCDONALD CENTER 17051 NE 19th Ave, NMB, FL 33162

Business _____

Contact _____

Address _____

City _____ State _____ Zip _____

Email _____

Business Phone _____ Cell Phone _____

VENDOR/SPONSOR INFORMATION

Exhibitors will have a 6ft table and two chairs. Please bring your own table covering!!!

_____ \$500.00 Presenting Sponsor 5 Minutes to speak, Mention & logo on chamber website, Special recognition mention at start of event, Name on poster, collateral in goodie bags, table /2 chairs.

_____ \$300.00 Co-Sponsor Special recognition mention at start of event, Name on poster, collateral in goodie bags, table /2 chairs.

_____ \$200.00 Chamber Member Vendor

_____ \$250.00 Non-Chamber Member Vendor

_____ \$150.00 Non-Profit Organization Vendor

_____ Check here if you need electricity. (Limited supply)

_____ Yes Check here to supply Free Screening

_____ List Screening _____

_____ LIST RAFFLE ITEM (Vendors required to bring raffle item \$20+ value)

TOTAL AMOUNT DUE \$ _____ For Best table locations: pay/return form by 4/17.

Pay Online: Send form to chamber@nmbchamber.com Pay Online: <https://bit.ly/2SEB1Wf>

Mail Check/Credit Info. with Form: Make checks payable to: North Miami Beach Chamber of Commerce, 16901 NE 19th Ave. Suite A (Breezeway across from Police Dept.), NMB, FL 33162. **For questions call: 305-944-8500.**

Credit Card or Payment by Mail:

Date _____ Amount \$ _____ CHECK# _____

Credit Card- (Circle type) Visa/Mastercard# _____

Exp Date (2-digit month/2-digit year) _____ Security Code _____

Name on card _____

Signature _____

Billing address _____

City _____ State _____ Zip _____

Email _____ Cell _____ T _____