

EXHIBITOR/SPONSOR CONTRACT

NMB CHAMBER & CITY NMB "FALL INTO HEALTH" - SENIOR HEALTH & FITNESS FAIR
THURS, SEPTEMBER 22, 2022, from 9 AM TO 12:30 PM @ MCDONALD CENTER 17051 NE 19th Ave, NMB,33162

Business _____
Contact _____
Address _____
City _____ State _____ Zip _____
Email _____
Business Phone _____ Cell Phone _____

VENDOR/SPONSOR INFORMATION

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

- _____ \$1000.00 **Gold Sponsor:** 8-Minutes to speak, Premier Table location & 2 chairs, Mention & logo on chamber website. Special recognition mention at start of & throughout event, Name on event E-flyer, Name on poster, collateral in goodie bags (due 1 week prior).
- _____ \$500.00 **Presenting Sponsor:** 5-Minutes to speak, Logo on chamber website. Special recognition mention at start of event, Name on poster, collateral in goodie bags (due 1 week prior), Premier table & 2 chairs in assigned area.
- _____ \$300.00 **Co-Sponsor:** Logo on chamber website, Name on poster, collateral in goodie bags (due 1 week prior), table & 2 chairs in assigned area.
- _____ \$200.00 **Chamber Member Vendor** table & 2 chairs in assigned area.
- _____ \$250.00 **Non-Chamber Member Vendor** table & 2 chairs in assigned area.
- _____ \$175.00 **Non-Profit Organization Vendor** table & 2 chairs in assigned area.
- _____ Yes **Check here if you need electricity** (Limited supply)
- _____ Yes **Check here to supply Free Screening** (due by 8/15)

List Screening/Service Providing _____

LIST RAFFLE ITEM _____ (due 8/15) Vendors required raffle item valued \$25+

TOTAL AMOUNT DUE \$ _____ For Best table locations: pay/return form by 8/15.

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, 16901 NE 19th Ave. Suite A (Breezeway across from Police Dept) NMB, FL 33162.

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 (3-digit) _____

Name on card _____

Signature _____

Billing address _____

City _____ State _____ Zip _____

Email _____ Cell _____ T _____

For questions call: 305-944-8500 or email chamber@nmbchamber.com