

EXHIBITOR/SPONSOR CONTRACT

NMB CHAMBER & CITY OF NMB "FALL INTO HEALTH"- SENIOR HEALTH & WELLNESS FAIR
Wednesday, September 27, 2023, 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 at start of fair & several times throughout the fair, "Thanks to Our Sponsors" Logo on event E-flyer, Logo on 3 large posters displayed at event, Collateral in goodie bags. (Important: Marketing Collateral: (brochure, or flyer, or specialty item) for gift bag is due Tues. Aug. 15 to NMB Chamber Office 1 pm to 5 pm to be included for this benefit.)
- _____ \$500.00 **Presenting Sponsor:** 5-Minutes to speak, Premier table & 2 chairs in assigned area. Logo on chamber website. Special recognition at start of event, "Thanks to Our Sponsors" Logo on event E-flyer, Logo on 3 large posters displayed at event, Flyer in goodie bags. (Important: Marketing flyer for gift bag is due Tues. Aug. 15 to NMB Chamber Office 1 pm to 5 pm to be included for this benefit.)
- _____ \$300.00 **Co-Sponsor:** 1 table & 2 chairs in assigned area. Logo on website, Flyer in goodie bags. (Important: Marketing flyer for gift bag is due Tues. Aug. 15 to NMB Chamber Office from 1 pm to 5 pm to be included for this benefit.)
- _____ \$250.00 **Non-Chamber Member Vendor:** 1 table & 2 chairs in assigned area.
- _____ \$200.00 **Chamber Member Vendor:** 1 table & 2 chairs in assigned area.
- _____ \$200.00 **Non-Profit Organization Vendor:** 1 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 _____ . (Let's discuss to avoid duplication)

LIST RAFFLE ITEM _____ (name of your item due by 8/15. Vendors are required to bring a raffle item \$25+ value. This will be dropped off at entry before fair and given to attendees 45 min before fair ends. Your business will be mentioned with your gift. Include business card.

TOTAL AMOUNT DUE \$ _____ Last year tables sold out. To get a table before sell-out, and add your flyer to gift bag deadline, (if package allows) Return completed form and pay ASAP.

GIFT BAGS DEADLINE TO RECEIVE YOUR FLYER (if your package allows) **8/15/23.**

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

Mail Check with Form: Make checks payable to: NMB Chamber, 16901 NE 19th Ave. Suite A (Across from Police Dept.), NMB, FL 33162.

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