

**New York  
 Senior Expo  
 2009**

**Pennsylvania Hotel  
 401 Seventh Avenue**

**NY Senior & Caregiver Expo  
 Sunday, April 5, 2009**

**Exhibit Space Contract: Note: Print before closing as it won't save the data.**

Exhibitor: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Sponsor	@\$10,000	\$ _____
Gold Sponsor	@\$ 5,000	\$ _____
_____ 10x10 exhibit spaces (piped & draped with draped table 2-chairs & wastebasket)	@\$2495	\$ _____
_____ 10x20 exhibit spaces	@\$4990	\$ _____
_____ 6' information tables	@\$795 - (\$395 with IRS 502(c)(3) tax exempt doc.)	\$ _____
<b>Total</b>		<b>\$ _____</b>

Upon acceptance this application is a binding contract between the "exhibitor" and the Expo "organizers". The exhibitor agrees to abide by the terms and conditions which form an integral part of the contract. Organizer reserves the right to refuse to exhibit booth rental or advertising for any reason. 1. All retail sales are prohibited. Exhibitors must confine their activities to their contract space. Exhibitors may not use amplifying equipment. 2. The organizers reserve the right to modify the Rules and Regulations at any time by posting on NYSeniorExpo.com website. 3. Exhibitors will be given an opportunity to select their booth location based on date of paid-in-full contracts. Organizer reserves the right to change space assignments prior to the event. Space is leased with the understanding that the Exhibitor will hold the organizers harmless from any and all liabilities that may result from any changes. 4. Liabilities: Exhibitor participates at its own risk. Neither organizers nor its employees, and/or its agents, or the hosting facility or its employees will be responsible for any damage to or for the loss or destruction of the Exhibitor's property or injuries to the Exhibitor, its representatives, agents or employees. Exhibitor expressly waives all claims for such loss, damage, destruction or injury. Exhibitor agrees that no guarantees of attendance or sales have been made by organizers, nor its employees and/or its agents. Exhibitor agrees to hereby and forever discharge, release and hold harmless organizers, its agents and employees and the event facility from any claims arising from participating in the event. organizers, its employees and/or its agents shall not have any liability whatsoever for delay or cancellation of the Exhibit or any damage to any person, matter or thing, resulting from storm, wind or water, or other acts of God, nor from fire, strikes, lockouts, or any other circumstance beyond organizers's control. 5. Payment Terms and Cancellation Policy: Exhibitor is required to pay in full upon registering for the event. No Exhibitor will be allowed to exhibit at event without first making full payment for exhibit space. Under no circumstances will Exhibitor payments be returned or refunded. 6. This Agreement represents the entire Agreement between the parties hereto and supersedes all previous agreements, whether oral or written, between the parties. Amendments to this agreement shall be in writing only. A waiver by either party of any provision of this Agreement shall not be deemed to be a waiver of such provision, or any other provision, as to any future instance or occurrence. This Agreement shall be governed by the law of the State of New York, and causes of action may only be brought in Sullivan County. Send completed form and make checks payable to: Exhibit Hall Management and mail to: Exhibit Hall Management - PO Box 678 Jeffersonville, NY 12748 **Fax: 215-447-5798**. By signature or initials below, the individual signing or initialing this contract represents and warrants that he/she is duly authorized to execute this binding contract on behalf of named Exhibitor.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Name on credit card: \_\_\_\_\_ Type: (Amx, VISA, Master): \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Expiration date: \_\_\_\_\_ Validation code: \_\_\_\_\_

Name of Senior Independent Assoc. (SIA) : NANCY WEBSTER Accepted by Exhibit Hall Mgmt: \_\_\_\_\_