

EXHIBITOR/SPONSOR CONTRACT

NMB CHAMBER & CITY OF NMB "FALL INTO HEALTH"- SENIOR HEALTH & WELLNESS FAIR
Tuesday, September 10, 2024, from 9 AM TO 12:30 PM
MCDONALD CENTER 17051 NE 19th Ave, NMB,33162

Business _____
Contact _____
Address _____
City _____ State _____ Zip _____
Signature _____ 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 brochure, flyer, or specialty item for gift bag is due Fri. Aug. 16 at NMB Chamber Office 1 pm to 4 pm to receive 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 Fri. Aug. 16 at NMB Chamber Office 1 pm to 4 pm to receive 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 Fri. Aug. 16 to NMB Chamber Office 1 pm to 4 pm to be included for this benefit.)**

_____ \$250.00 **Non-Chamber Member Vendor:** 1 table & 2 chairs.

_____ \$200.00 **Chamber Member Vendor:** 1 table & 2 chairs in assigned area.

_____ \$200.00 **Non-Profit Organization Vendor:** (limited) 1 table & 2 chairs.

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

_____ Yes Check here to supply Free Screening **(Due by 8/16 by email.)**

LIST SCREENING/SERVICE _____. (Let's discuss to avoid duplication.)

LIST RAFFLE ITEM _____ (name of your item, **email by 8/16**) Vendors are required to bring a raffle item valued at \$25+. Drop off at entry before the fair. Given out to attendees 45 min before the 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 our gift bag by deadline, (if package allows) Return completed form and pay ASAP.

GIFT BAGS DEADLINE TO RECEIVE YOUR FLYER (if your package allows) **8/16/24.**

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

Mail Check with Form to: NMB Chamber, 16901 NE 19th Ave. Suite A, NMB, FL 33162.

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