



Wyndham Sacramento Hotel
 Sacramento, CA
 Saturday, September 23, 2023
 10 am to 4 pm
 www.SeniorHealthFair.com

Exhibitor Contract

Please complete contract and return with payment to "Recovery Enterprises."

Company Name _____
 Contact Person _____
 Alternate Contact _____
 Daytime Phone () _____ Mobile () _____
 Fax () _____ e-mail _____ Website _____
 Address _____
 City; State; Zip _____

Exhibitor Booth Fee \$ _____
 Corner, Add \$200 \$ _____
 Show Program Ad \$ _____
 Sponsorship Fee \$ _____
Total Amount \$ _____

Please select two booth spaces your company is interested in.
Choice: #1 _____ **#2** _____

The Senior Health Fair cannot guarantee placement in these spaces, which are allotted on a "first come, first served" basis, but we will do our best to comply with your requests. Ask your Representative for availability.

Make Checks Payable to Recovery Enterprises, or call with Credit Card (916) 910-9499

Briefly explain any agreement with show producers (payment or trade arrangements; unusual size booth space, etc):

Terms & Conditions:

A nonrefundable deposit of 50% of the total cost is required to reserve your booth space. Recovery Enterprises, the event's producer, may cancel this Agreement and release your exhibit space without refund or notice if payment is not made by the exhibitor as per this contract. Complete balance is due August 1, 2023. For Early Bird Discount, payment must be made in full at time of initiating the contract. No refunds. No exceptions.

By accepting this agreement, the exhibitor expressly releases Recovery Enterprises and Senior Health Fair from any and all liability for injury, damage, "acts of God", or loss to any person or goods which may arise from the rental and occupation of said exhibit space. Producer reserves the right to change or move any exhibit space in this show. The exhibitor agrees to abide by all show regulations and rules. The Exhibitor agrees to abide by all local, state and national codes and laws regarding business and commerce. Only one business per booth space. Because of factors beyond our control, Recovery Enterprises, The Senior Health Fair, and all supporting parties cannot and do not guarantee a specific number of attendees.

I understand that this contract shall be legally binding between Recovery Enterprises and the exhibitor upon acceptance by Recovery Enterprises.

Exhibitor Signature _____ **Date** _____

For Office Use Only

Balance due:
 Due date:
 Notes:

The Senior Health & Fitness Fair – by Recovery Enterprises
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