

Wyndham Sacramento Hotel Sacramento, CA Saturday, May 24, 2025 10 am to 3 pm www.SeniorHealthFair.com

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

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		Mobile ()
	e-mail	
City; State; ∠ip		
Exhibitor Booth Fee	\$	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 out best to comply with your requests.
·	\$	Ask your Representative for availability.
	Payable to Recovery F	Enterprises, or call with Credit Card (916) 910-9499
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 May 1, 2025. 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. This includes remaining in your booth until the end of the show at 3 pm, May 24, 2025. 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 Date		
Balance due: Due date: Notes:		