



EXHIBITOR INFORMATION

Date, Location and Time

- **Saturday, February 24, 2018** | 9:00 am to 12:00 pm
- **Northwest Family YMCA** | 730 Long Pond Road | Rochester, NY 14612
- Set-up: 8:00 am to 10:00 am | Event hours: 9:00 am to 12:00 pm | Clean-up: 12:00 pm to 12:30 pm

Exhibitor Registration Fees

- Discounts and Early-Bird Exhibit Fees, per exhibit table:

<u>Due Date</u>	<u>Members</u>	<u>Non-Members</u>
By Friday, February 16, 2018	\$175	\$500

- Payment must accompany Exhibitor Registration Form and is non-refundable. Space is limited and assigned on a first-come, first-served basis.
- Exhibitor Registration Form, payment in full and Certificates of Insurance Liability are to be received at the Greece Regional Chamber office prior to the event. **Exhibitor space is not guaranteed until Certificate of Insurance is received at the Greece Chamber office.**
- Registration materials with payment may be:
 - Mailed to the Greece Regional Chamber of Commerce
 - Faxed to (585) 227-7275 with payment by phone at (585) 227-7272 with Visa, MasterCard, Discover, or American Express
 - Emailed to Sue@GreeceChamber.org.

Participating Exhibitors to Provide:

- A Certificate of Insurance Liability listing the following entities as Additional Insureds:
 - **Greece Regional Chamber of Commerce**, 2402 West Ridge Road, Rochester, NY 14626
 - **Northwest Family YMCA**, 730 Long Pond Road, Rochester, NY 14612
- Signage for your organization and all display and handout materials

Greece Chamber to Provide:

- Exhibition table
- Event promotion

HEALTH & HOME EXPO EXHIBITOR FORM

Company/Organization: _____

Contact: _____

Address/City/State: _____

Telephone: _____ Fax: _____ Cell: _____

Email Address (required): _____

Discounts and Early-Bird Exhibit Fees, per exhibit table:

<u>Due Date</u>	<u>Members</u>	<u>Non-Members</u>
By Friday, February 16, 2018	\$175	\$500

Payment Amount (please circle level above): _____ Check included (Check # _____)

Charge My Credit Card # _____ Exp. Date _____

Circle one: Visa / MasterCard / Discover / American Express Security Code _____

Billing Address of Credit Card (if different from above): _____

WAIVER AGREEMENT

I have read the information and agree to abide by the rules and regulations described. I agree to be present at my exhibitor table during the entire time and to leave the exhibit table the way it was provided. I agree to hold harmless the Greece Regional Chamber of Commerce, Northwest Family YMCA, volunteers, and all persons or agents affiliated with or employed by the aforementioned organizations, on behalf of myself and my assigns and heirs from any and all claims that may result from my participation in the event. I agree to provide a Certificate of Insurance covering my participation in this event and to name the Greece Regional Chamber of Commerce and Northwest Family YMCA as additional insured parties. By signing this application, I acknowledge that this waiver agreement extends to all claims of every kind or nature, whatsoever, foreseen or unforeseen, known or unknown.

Printed Name

Signature

Date

Registration and Payment Instructions

Registration materials with payment may be mailed to the Greece Regional Chamber of Commerce, faxed to (585) 227-7275 with payment by phone at (585) 227-7272 or emailed to Sue@GreeceChamber.org.

Payment may be made by check, Visa, MasterCard, Discover, or American Express.