



GREECE CHAMBER OF COMMERCE 2016 HEALTH FAIR CALL FOR EXHIBITORS

EXHIBITOR INFORMATION

Registration and Payment Deadline: March 21, 2016

Date and Location

- Saturday, April 2, 2016 • 10:00am to 1:00pm
- Greece Arcadia Middle School Gymnasium, 130 Island Cottage Road, Greece, NY 14612

Contact Information

- Greece Chamber of Commerce • 2402 West Ridge Road • Greece, NY 14626
- (585) 227-7272 • Fax: (585) 227-7275 • www.GreeceChamber.org
- Contact: Sue Edgett • Ext. 204 • Sue@GreeceChamber.org

Hours of Operation

- Set-Up: 8:00am to 10:00am
- Event Hours: 10:00am to 1:00pm
- Clean-up: 1:00pm to 2:00pm

Exhibitor Registration Fees

On or before 3/4/16

After 3/4/16

- | | | |
|---------------------------|-------|-------|
| • Greece Chamber Members: | \$125 | \$150 |
| • Non-Members: | \$275 | \$300 |
- 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 (attached), payment in full and Certificates of Insurance Liability are to be received at the Greece Chamber office by the deadline of March 21, 2016. **Exhibitor space is not guaranteed until Certificate of Insurance Liability is received at the Greece Chamber office.**
 - Registration materials with payment may be mailed to the Greece 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, or Discover.

Participating Exhibitors to Provide:

- A Certificates of Insurance Liability listing the following entities as Additional Insureds:
 - Greece Chamber of Commerce, 2402 West Ridge Road, Greece, NY 14626
 - Greece Central School District, 130 Island Cottage Road, Greece, NY 14612
- Signage for your organization and all display and handout materials
- One raffle item valued at a minimum of \$25 and a maximum of \$599
- Giveaway items for Health Fair attendees

Greece Chamber to Provide:

- One 8' by 30" draped and skirted table
- Event promotion, including flyers to local businesses and area schools, website, Facebook, Twitter, e-blasts to over 1,500 contacts
- Medical staff on-site

Deadlines:

- **Registration and Payment Deadline: March 21, 2016**



2016 GREECE HEALTH FAIR EXHIBITOR REGISTRATION FORM

Greece Chamber of Commerce
2402 West Ridge Road
Greece, NY 14626
Fax: (585) 227-7275
Sue@GreeceChamber.org

Company/Organization: _____

Contact: _____

Address/City/State: _____

Telephone: _____ Fax: _____ Cell: _____

Email Address (required): _____

Do you have (please circle): Facebook Twitter Other: _____

If yes, do you use a hashtag to promote your product or business? _____

Will table covering/skirting be needed? ___ Yes ___ No

Description of raffle items to be donated (Minimum value of \$25): _____

Payment Amount: _____

Check included (Check # _____)

Charge My Credit Card # _____ Exp. Date _____

Circle one: Visa / MasterCard / Discover Sec. 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 (from set-up one hour prior to event beginning at 9:00am until the event ends at 1:00pm and through clean-up). I agree to hold harmless the Greece Chamber of Commerce, the Greece Central School District, 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 Chamber of Commerce and the Greece Central School District 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 _____

This completed and signed Exhibitor Registration Form, payment in full and Certificate of Insurance Liability due to Greece Chamber by Monday, March 21st at 5:00pm.