



EXHIBITOR APPLICATION

Date: **Saturday, January 26, 2019** *****NEW **Central Arizona College – Maricopa Campus**
 Time: **10am – 2pm** EVENT SITE***** **17945 N. Regent Dr., Buildings A & B**
Information and resource sharing only. No sales or solicitations permitted.

Co./Org. Name: To be used for sign:			
Contact Name/Title:			
Mailing Address:			
City, State:		Zip Code:	
Phone:	Primary:	Alternate:	
E-mail Address:			
Type: <input type="checkbox"/> BUSINESS <input type="checkbox"/> NON-PROFIT	Which one of the following best describes products and/or services you provide? <i>(check all that apply)</i> <input type="checkbox"/> Health & Medical <input type="checkbox"/> Safety & Security <input type="checkbox"/> Financial / Estate Planning <input type="checkbox"/> Residential <input type="checkbox"/> Legal services <input type="checkbox"/> Social or recreation <input type="checkbox"/> Hospice / End of Life <input type="checkbox"/> Consultation <input type="checkbox"/> Veteran services <input type="checkbox"/> Funeral / End of Life <input type="checkbox"/> Nutritional & fitness <input type="checkbox"/> Other:		
1 table: 24" X 60" 2 chairs	Exhibitor area: Building A Rm. A101 & Rm. A102 . Space is limited - no floor display pieces or large items that cannot fit on the table top. Approximate booth space = 5ft. D x 7ft. W		
Electricity Needed?	<input type="checkbox"/> NO <input type="checkbox"/> YES Please bring your own extension cords.		
Fee: non-refundable Due with application	<input type="checkbox"/> \$25 Non-Profit Organization <input type="checkbox"/> \$40 Business Late fee of \$15 applies if payment & application received after 1/11/19.		

EXHIBITOR WAIVER – Please complete the following:

On behalf of the participating organization / entity:

I, (Your Name) _____ as the authorized agent for the organization / business listed above, agree to hold the City of Maricopa and Central Arizona College harmless for theft of, damage to, loss or destruction of materials or property which I may have on the grounds for this event. All requests are subject to approval and acceptance by the City of Maricopa Senior Info/Expo Event Committee and their decision is final. I understand that my signature holds me responsible for the information included in this request. No refunds made or reservations held if cancellation occurs after January 11, 2019. I understand that no negotiations will be made outside of this agreement and that once signed, this is a binding agreement.

Print Name: _____ Date: _____

Make check PAYABLE TO: CITY OF MARICOPA & mail to: Mr. Arnold Jackson, Senior Info/Expo Maricopa City Hall 39700 W. Civic Center Plaza Maricopa, AZ 85138	Questions: Contact Arnold at (520) 316-6817 Email: arnold.jackson@maricopa-az.gov
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This event is made possible through a partnership between the City of Maricopa and Central Arizona College and major



event sponsors Arizona Department of Health Services & Pinal-Gila Council for Senior Citizens