

Three Rivers Convention Center
6th Annual Senior Life Show
General Show Information

Location	<i>Three Rivers Convention Center</i>
Booth Price	<i>\$350</i> Non-profit rate \$100, must provide 501c3 with registration
Show Dates	<i>Thursday, June 12th, 2014</i>
Vendor Move-In Hours	<i>Thursday, June 12th, 2014 7am-9:30am</i> <i>*LIMITED accessibility to carts and fork lift, so please be prepared to wait or bring your own carts.</i>
Public Show Hours	<i>Thursday, June 12th 10 am - 4 pm</i>
Ticket Information	<i>FREE</i>
Show Management	<i>Three Rivers Convention Center</i>
Show Coordinator	<i>Heather Breymeyer</i>
Vendor Move-Out	<i>Thursday, June 12th 4pm -5pm</i> *PENALTIES FOR EARLY BREAKDOWN!! <i>*LIMITED accessibility to carts and fork lift, so please be prepared to wait or bring your own carts.</i>
Parking	FREE!!
Advertising	Television, Radio, Newspaper, Local Posters & Handbills (subject to potential change)



6th Annual Senior Life Show
Thursday, June 12th
Exhibitor Agreement

Company Name: _____

Type of Business: _____

Daytime Phone: _____

Applicant Name: _____

Cell Phone: _____

Street Address: _____

Fax: _____

City, State, Zip: _____

Email Address: _____

Website: _____

Payment Amount: \$ _____

Payment Method

Business Check due by June 1st, 2014

Money Order/Cashiers Check

Visa/Mastercard/AmEx* due by June 1st, 2014

**Credit Card Authorization form included – please mail or fax back with contract*

SUBJECT TO THE TERMS AND CONDITIONS SET FORTH ON THIS AGREEMENT, AND ANY ACCOMPANYING ATTACHMENTS, WHICH ARE INCORPORATED INTO AND FORM A PART OF THIS AGREEMENT. UPON ACCEPTANCE BY THREE RIVERS SENIOR LIFE SHOW... (HEREAFTER REFERRED TO AS "CENTER"), WE THE UNDERSIGNED, (HEREAFTER REFERRED TO AS "EXHIBITOR") AGREE TO RENT BOOTH SPACE(S) FROM CENTER FOR PARTICIPATION IN THE 2011 THREE RIVERS SENIOR LIFE SHOW AGREES PARTICIPATION IS CONTINGENT UPON PAYMENT IN FULL OF BOOTH SPACE(S) AND THAT LOCATION AND PLACEMENT OF BOOTH IS ENTIRELY AT CENTER'S DISCRETION.

Exhibitor Signature: _____

Date: _____

Printed Name: _____

Title: _____

2014 Three Rivers Convention Center
6th Annual "Senior Life Show"
Silver Sponsorship Agreement

Business Name _____

Telephone # _____

Address _____

Email Address _____

Silver Level: \$1,500.00

- Name recognition in Newspaper, & selected radio
- Logo on all handbills
- Prime 10x10 booth in Lobby
- Recognition on screens in Great Hall during event
- PA Announcements
- Logo listed on our website
- Link to your website from

WWW.threeriversconventioncenter.com

Printed name _____ Date _____

Signature _____

2014 Three Rivers Convention Center
6th Annual "Senior Life Show"
Gold Sponsorship Agreement

Business Name _____

Telephone # _____

Address _____

Email Address _____

Gold Level available: \$5,000.00

- Name and Logo in all media, TV, newspaper, and selected radio
- Logo on all posters & handbills
- Prime 20 x 20 booth in Lobby
- Recognition on screens in Great Hall during event
- PA Announcements
- Logo listed on our website
- Link to your website from www.threeriversconventioncenter.com
- Access to a meeting room for seminars

Printed name _____ Date _____

Signature _____

Senior Life Show Payment Policy

Payment for spaces utilized for the 2014 Three Rivers Senior Life Show will be as follows:

All Deposits are NON-Refundable, NON-Transferable.

VENDOR agrees to pay 100% of the anticipated charges due to **CENTER** prior to the start time of the event as noted above. Charges incurred above and beyond anticipated are due and payable to **CENTER** upon the receipt of invoice. In the event a booth space is not paid in full prior to show dates, reserved booth space and deposit shall be forfeited at **VENDOR'S** expense.

All Payments are to be made payable to the **THREE RIVERS CONVENTION CENTER**

A service charge of \$25.00 will be imposed on any checks returned for non-sufficient funds. **CENTER** will pursue all legal and civil avenues allowable by law to collect the debt. (Please include Vendor Name on all checks)

CHECK PAYMENT IS DUE NO LATER THAN June 1, 2014.

CREDIT CARD PAYMENT IS DUE NO LATER THAN June 1, 2014.

MAIL TO:

THREE RIVERS Senior Life Show
7016 W. GRANDRIDGE BLVD.
KENNEWICK, WA 99336

CENTER: For the purpose of this agreement, any mention or reference to the "CENTER" means the THREE RIVERS CONVENTION CENTER, KENNEWICK, WA.

BOOTH: The exhibitor will be rented an assigned space and an area not to exceed booth boundaries. No displays or signage will be permitted outside this space without written permission from show management. Management reserves the right to change booth assignment.

RENTAL: The booth rental is exclusive to the exhibitor whose name appears on this agreement and no portion of the space can be sublet or assigned. The exhibitor shall forfeit his right to the space, all rental monies paid, and upon demand by management, pay any balance owing if the exhibitor fails to occupy, use the space, or have the exhibit completed and in place by the opening of the show.

RESTRICTIONS: The management reserves the right to restrict or remove, without refund, any exhibits that have been falsely entered or deemed by the management to be unsuitable or objectionable. *No smoking or drinking of alcoholic beverages is allowed except in those areas set aside for such.* Exhibitors using sound as a marketing devices shall do so in a manner not to disturb or affect the business of other exhibitors. P.A. Devices or microphones are strictly prohibited. *No helium balloons of any kind are allowed in the CENTER.* Exhibitors shall not use adhesives or fasteners in any way to affix any item to any portion of the CENTER.* ALL EXHIBITORS ARE REQUIRED, AT THEIR EXPENSE OF MONIES OR EFFORTS, TO SECURE ANY LICENSES, PERMITS, OR MAKE ANY CONTACTS NECESSARY TO COMPLY WITH LOCAL HEALTH PERMITS, FIRE CODES, TAX COLLECTION AND PAYMENT REQUIREMENTS, AS WELL AS ANY CITY, COUNTY, STATE OR FEDERAL REGULATION OR LAWS THAT WOULD BE BINDING ON THE EXHIBITOR. BOOTH CLOSURE BY ANY GOVERNMENTAL BODY WILL REFLECT SOLELY ON THE EXHIBITOR AND NO REFUNDS WILL BE MADE.

SAMPLING: Exhibitors may sample only products that they normally serve or produce in their business. Under no circumstances will samples be sold. Sample sizes are as follows: Non-alcohol 2 oz., Food 1 oz.

CANCELLATION: Should the exhibitor cancel this agreement for any reason, or should management deem the exhibitor in default or in violation of this agreement, all monies paid to management by exhibitor shall be retained by management. Further, any balances due shall be considered owing and upon demand, exhibitor will pay said balance to management.

INDEMNIFICATION: By signing this agreement the exhibitor shall defend, indemnify and hold harmless the THREE RIVERS CONVENTION CENTER, VENUWORKS FACILITY MANAGEMENT OF KENNEWICK, LLC., KENNEWICK PUBLIC FACILITIES DISTRICT, VENUWORKS FACILITY MANAGEMENT, INC.; their parents, subsidiaries, affiliates, directors, officers, employees, insurers, and agents herein from and against all claims, damages, losses and expenses, including attorneys' fees arising out of or resulting from the acts, errors, omissions, conduct or operations of the exhibitor, provided that any such claim, damage, loss or expense (1) is attributable to bodily injury, sickness, disease or death or to injury to or destruction of tangible property, including the loss of use resulting there-from, and (2) is caused or is claimed or alleged to have been caused, in whole or in part, by negligent act, error, omission, conduct or operation of the exhibitor, or any subcontractor, or anyone directly or indirectly employed by any of them or anyone for whose acts any of them may be liable, or (3) is abused or is claimed to have been caused, in whole or in part, by any product sold or service rendered by the exhibitor, its agents, employees, or subcontractors.

2014 Three Rivers Senior Life Show
Credit Card Authorization Form

Date: _____

I, _____, authorize the Three Rivers Convention Center to incur charges against the credit card listed for the following charges:

_____ \$ 350.00 Booth _____ \$ 1,500.00 Sponsorship
_____ \$ 100.00 Booth Non Profit* _____ \$ 5,000.00 Sponsorship

***You MUST attach copy of non profit 501c3**

Credit Card Number: _____

Type: _____ American Express _____ Visa _____ Master Card

Expiration Date: _____ Billing Zip Code: _____

Name as it appears on the Card: _____
(Please print name and company if applicable)

Authorized Signature: _____ Date: _____

Email Address: _____

Please contact me if you have any questions at: _____

Please fax completed form to (509) 737-3729

