



PALMETTO SR. EXPO 2018



SPARTANBURG
MEMORIAL
AUDITORIUM

SRHELPSC.com

Friday, May 18 & Friday, October 19, 2018

9:00am to 2:00pm

EXHIBITOR REGISTRATION FORM

Fee: \$250.00 per/event - Exhibitors are asked to bring a Door Prize

Sponsorship (A,B,C,D,E,F,G) packages available upon request

Business Name: _____ City: _____

Address: _____ St: _____ Zip: _____

Contact Person: _____ Office: _____ Cell: _____

Email: _____

2nd Person: _____ Office: _____ Cell: _____

Email: _____

May 18 Event – Yes ___ - \$250.00 Enclosed Table Location -First Choice: ___ Second Choice: ___

October 19 Event – Yes ___ - \$250.00 Enclosed Table Location-First Choice: ___ Second Choice: ___

Provided: 8x10 booth area, plus 1- 6 foot Table, 2-Chairs Load In: Thursday 3-6pm, Friday 7am-9am

What will you be Exhibiting: _____ Need Electricity: Yes ___

Table Rental form;

By signing below, the renter of the above listed tables hereby expressly warranted agrees to accept all liability of any kind concerning the authenticity and validity of the items displayed on their table within the Spartanburg Memorial Auditorium. The undersigned specifically releases and agrees to hold the Spartanburg Memorial Auditorium harmless for any damage, including but not limited to theft or destruction, which may occur, through any act or omission of the Spartanburg Memorial Auditorium or any third party attending the event, as all items contained on the undersigned's tables. Further, renter hereby acknowledges that should their table be left unattended at any time the Spartanburg Memorial Auditorium shall not be bound to take any steps to protect or otherwise secure renter's tables. Should any question arise regarding the legal ownership of any item on display at renter's table, renter agrees to cooperate with any and all legal authorities that may be called in by the Spartanburg Memorial Auditorium to assist with the resolution of said dispute. By signing below, I expressly agree that I have read and understand the terms and conditions contained above, and consent to be bound by them throughout my time in the Spartanburg Memorial Auditorium.

Signature: _____ Date: _____

Send Form with Credit Card request or Check to: (Creative Marketing Concepts, Inc.)

1855 East Main St, Ste. 14 #112, Spartanburg, SC 29307

(Credit Cards call or email request) for **Square invoice** - Email: JLHesla@gmail.com

Questions call: Office: 864.327.8941 **Toni** - 864.357.1909 **Jeff** - 864.621.3211