

YOUR PRESCRIPTION FOR WELL-BEING

HealthLinks

UPSTATE



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PALMETTO SR. EXPO 2022



SPARTANBURG
MEMORIAL
AUDITORIUM

Wednesday, Oct 19, 2022 (1:00pm to 4:00pm)

EXHIBITOR REGISTRATION FORM – Our 11th & 12th Events

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

Your location is determined once we have received payment.

Sponsorship packages available upon request!

Business Name: _____ City: _____

Address: _____ St: _____ Zip: _____

Contact Person: _____ Office: _____ Cell: _____
Email: _____

2nd Person: _____ Office: _____ Cell: _____
Email: _____

Oct 19, 2022 - Wed Event – Yes ___ - \$250.00 Table Location -First Choice: ___ Second Choice: ___

Provided: 8x10 booth area, plus 1- 6 foot Table, 2-Chairs **Load In: Morning of Wednesday 9am-1pm**

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 Mail a Check to: (Creative Marketing Concepts, Inc.)

534 Poplar St, Spartanburg, SC 29302

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

Questions Call Mandy Willis 864-612-7694

www.srhelpsc.com