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Wednesday, March 15, 2017
10 a.m.-1 p.m.

Registration Deadline

Wednesday,
February 22, 2017

Organization: _____

Main Contact: _____

Phone Number: _____ E-mail: _____@_____

Secondary Contact: _____

Phone Number: _____ E-mail: _____@_____

Organization Address: _____

Please list the following resources or services that will be displayed (brochures, flyers, giveaways, etc.):

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

***Will you be providing a health screening or other service (blood pressure, massage, etc.)? Yes _____ No _____**

(*Health screenings are on a first-come, first-serve basis and must be approved.)

If yes, what health screening will you provide? _____

****Will you need an electrical outlet? Yes _____ No _____**

(** There is an additional \$25 fee for electricity. Space is limited and is first-come, first-serve.)

List items requiring electricity: _____

+Would you like to offer a presentation/lecture during the event? Yes _____ No _____

(+Presentations/lectures would be in addition to, not in lieu of, table at the expo.)

Presentation/Lecture Topic: _____

All exhibitors, vendors, and partners (please initial next to each statement):

- _____ Agree to bring a door prize with a minimum \$25 value for drawings at the Expo.
- _____ Agree to email logo in EPS or PNG file *with a transparent background* by **Wednesday, February 15, 2017** to briana.delfin@costamesaca.gov; otherwise, logo may not be included in marketing material.
- _____ Submit payment application for processing at the time of application submittal (*registration forms will not be accepted without payment*).
- _____ Understand that no refunds or credits will be issued after registration and payment are processed—no exceptions!
- _____ Understand that if I/organization need(s) to be invoiced, an email requesting to be invoiced must be sent to briana.delfin@costamesaca.gov no later than Wednesday, February 1, 2017.

By signing below, I acknowledge that I have read and understand the application, and agree to all of the terms as outlined. All vendors and partners must provide a service or good that meets the needs of the senior community. The City of Costa Mesa reserves the right to deny applicants that are not keeping with the integrity of the Knowledge & Health Fair Expo.

Print Name: _____ Title: _____

Signature: _____ Date: _____

(Please complete the reverse side of application.)

Non-Profit Exhibit—\$150*

- ◇ 1 table, 1 table linen, 2 chairs
 - ◇ Table sign displaying organization's name
 - ◇ Organization's logo will appear on Knowledge & Health Fair Expo program/passport
- *Must provide proof of non-profit status**

Expo Vendor—\$350

- ◇ 1 table, 1 table linen, 2 chairs
- ◇ Table sign displaying organization's name
- ◇ Organization's logo will appear on Knowledge & Health Fair Expo program/passport
- ◇ Organization's logo will appear in the Summer 2017 "Costa Mesa Recreation Guide"
- ◇ Organization's logo will appear on expo "Thank You" flyer which will be posted on the City's website
- ◇ Organization's logo will appear on the event posters

Event Partner—\$1,000

- ◇ 2 tables, 2 table linens, 4 chairs
- ◇ Table sign displaying organization's name
- ◇ Organization's logo will appear on Knowledge & Health Fair Expo program/passport
- ◇ Organization's logo will appear in the Summer 2016 "Costa Mesa Recreation Guide"
- ◇ Organization's logo will appear on expo "Thank You" flyer which will be posted on the City's website
- ◇ Organization's logo will appear on the event posters
- ◇ Recognition on the front cover of the monthly publication, "The Chronicle," as event partner, March 2017
- ◇ Special recognition at event as partner with special "Thank You" banners for partner with logo

Payment Information

Choose one of the following:

Non-profit Exhibit—\$150

Expo Vendor—\$350

Event Partner—\$1,000

Additional fee, if needed:

Electrical Outlet Fee \$25

****Total amount enclosed:**

\$_____ (Only checks accepted via regular mail)

(**Early Bird Registration rate will only be honored for registrations received with payments on or before **December 21, 2016.**)

All registration forms, with payment, should be mailed to:

City of Costa Mesa, Senior Center
Attention: Briana Delfin
695 W. 19th Street
Costa Mesa, CA 92627

Please make checks payable to:

City of Costa Mesa

Registration forms will NOT be accepted without payment. No refunds or credits will be issued after payment is processed. Credit card and cash payments will only be accepted in person at the Costa Mesa Senior Center with proper ID and completed application. The Costa Mesa Senior Center is located at 695 W. 19th St., Costa Mesa, CA 92627. For questions about the Knowledge & Health Fair Expo, contact Briana Delfin, Recreation Specialist, at (714) 327-7547.