

Please join us for the return of the NoCo Kids EXPO!

The annual (*again*) North Country KIDS EXPO will be held on Saturday, March 11th from 9am to 3pm at SUNY Canton's Roos House Athletic Center. The EXPO will be a day of fun for families, with play zones, performances, demonstrations, and vendors. We are seeking experts and representatives to share resources and information on area opportunities for families, from health care, to after school activities, to regional attractions. Exhibitor spaces are available for all of the activities mentioned, as well as businesses and organizations that cater to families. If you are offering an activity, you will receive a 2nd booth free!

Our 1st & 2nd annual event saw more than 1,000 attendees! We expect to attract even more this year, with visitors from surrounding counties as well.

We look forward to continuing to offer this family tradition; a great opportunity for exhibitors to gain market exposure! The Roos House is a great venue with a lot of space, easy load-in, and a central location in the North Country. NEW this year – we invite young entrepreneurs to have a booth and test out their business ideas!

\$ 10 per 10' x 10' booth - for KID BIZ (ages 6-18)

\$ 40 per 10' x 10' booth - for St. Lawrence County Chamber Members

\$ 80 per 10' x 10' booth - for non-St. Lawrence County Chamber Members

Exhibitor Set Up Time:

Friday, March 10th 3 pm - 6 pm
Saturday, March 11th 8 am - 9 am

2023 North Country KIDS EXPO Show Hours:

Saturday, March 11th 9 am - 3 pm

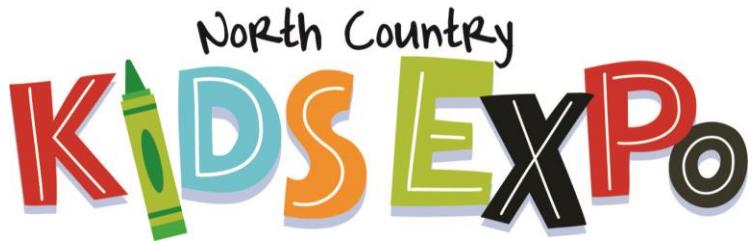
Please note:

- 1) Registration form, Credit Card payment form, are attached
- 2) Tables and chairs are provided, but must be reserved in the application
- 3) Only legal businesses will be allowed (and **must submit** NYS Sales Tax ID#; excluding KID BIZ applicants)
- 4) Exhibitors are required to remain set-up for all show hours
- 5) Food Vendors must be certified / licensed through Ag. & Markets or Dept. of Health
- 6) All Food Vendors planning to serve samples are required to contact the Dept. Of Health for necessary permits and guidelines; (315) 386-1040

Please do not hesitate to contact us with any questions. We are looking forward to a great event!

Kathryn Puleo, Destination Services Manager
St. Lawrence County Chamber
Kathryn@SLCchamber.org

P. (315) 386-4000
F. (315) 379-0134
www.SLCchamber.org



March 11, 2023
Roos House Athletic Center - SUNY Canton, Canton, NY

Exhibitor Name:

KID BIZ (ages 6-18) How Many*? _____ x \$ 10 each equals: _____
Chamber Member Booths How Many*? _____ x \$ 40 each equals: _____
Non - Chamber Member Booths How Many*? _____ x \$ 80 each equals: _____

I plan to have an interactive play / workshop experience. Please plan for an extra free booth space. (Yes / No)

Will you be charging a separate fee for the experience offered? (Yes / No)

If yes, what is the fee? For? _____

You can send a description of your experience later, or as an attachment. The sooner we receive it, the sooner we can begin to promote your booth and what you are offering.

Table & Chair Reservation

(1) 8-foot table and 2 chairs are provided at no charge, per booth. Do you want a table? (Yes / No) Chairs? (Yes / No)

Electric (wireless internet is available throughout building)

I absolutely need electrical access for my business' product or demonstration. (Yes / No)

Total Amount Due (Check or Credit / Debit card form must accompany registration) _____

Business Name: _____ Contact Name: _____

Contact Phone: _____ Contact Email: _____

Address: _____

Type of Business / Merchandise: _____

New York State Sales Tax I.D. # (required; excluding KID BIZ applicants): _____

Comments / Special Requests:

Please Make Checks Payable to:
St. Lawrence County Chamber of Commerce

Exhibitor or Parent/Guardian Signature

Please Return Application to:
By Mail: SLCCOC - North Country Kid's Expo
Attn: Kathryn Puleo
101 Main Street, 1st Floor
Canton, NY 13617
By Fax: (315) 379-0134



If you would like us to charge a payment, it will be charged online. As our proof of your approval of this charge, you must provide us with the following information:

*For security purposes, do not email this form. You can also call with payment information or deliver it to our office at 101 Main Street, Canton, NY. (315) 386-4000.

Credit card number:

<input type="text"/>															
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Expiration date on the credit card: _____ CVV#: _____

Your name as it appears on the credit card: _____

The **billing address** that your credit card statements are mailed to:

Address: _____

City: _____

State: _____

If paying by credit card a 3% processing fee will be added, do you accept?
(Yes / No)

Zip: _____

Your phone number: _____

Approved amount:

\$ _____

Authorized Signature