



2022

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 4pm 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!

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 new, 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.

EARLY BIRD Promotion: Reserve your exhibitor space by February 1st to be included on print posters and radio mentions! St. Lawrence County Chamber Member Discounts also available.

\$ 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 10 th	1 pm to 6 pm
Saturday, March 11 th	8 am - 9 am

2022 North Country KIDS EXPO Show Hours

Saturday, March 11 th	9 am to 4 pm
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Please note:

- 1) Registration form, Credit Card Payment form, all attached,
- 2) Tables and chairs are provided, but must be reserved,
- 3) Only legal businesses will be allowed (**must have** Federal ID # or Sales Tax ID #),
- 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.

Brooke Rouse, Director of Tourism
St. Lawrence County Chamber
brooke@slcchamber.org

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



March 11, 2022
Roos House Athletic Center, SUNY Canton, Canton, NY

Exhibitor

Chamber Member Booths How Many*? _____ x \$ 40 each equals: _____
Non - Chamber Member Booths How Many*? _____ x \$ 80 each equals: _____

_____ YES, I plan to have an interactive play / workshop experience. Please plan for an extra free booth space.
Will you be charging a separate fee for the experience offered? _____ Yes _____ No
If yes, what is the fee? For? _____

You can send description of your experience later, or as an attachment. The sooner we receive it, the sooner we can begin to promote your organization!

Table & Chair Reservation

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

Electric (wireless internet available throughout building.)

_____ Yes, I absolutely need electric for my business' product or demonstration.

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): _____

Comments / Special Requests:

Please make checks payable to:

St. Lawrence County Chamber of Commerce

Exhibitor Signature _____

Please Return Application to:

By mail: SLCCOC - North Country Kid's Expo
Attn: Brooke Rouse
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. 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: _____

Zip: _____

Your phone number: _____

Approved amount:

\$ _____

Signature