



2020 Health & Home Expo
Saturday, February 22, 2020
Northwest Family YMCA
730 Long Pond Road
Rochester, NY 14612
9:00 am – 12:00 pm



2020 EXHIBITOR INFORMATION

Date, Location and Time

- **Saturday, February 22, 2020** | 9:00 am to 12:00 pm
- **Northwest Family YMCA** | 730 Long Pond Road | Rochester, NY 14612
- Set-up: 8:00 am to 9:00 am | Event hours: 9:00 am to 12:00 pm | Clean-up: 12:00 pm to 12:30 pm

Exhibitor Registration Fees

- Regular Price for an exhibit table:

| | |
|----------------|--------------------|
| <u>Members</u> | <u>Non-Members</u> |
| \$150 | \$450 |
- Payment must accompany Exhibitor Registration Form and is non-refundable. Space is limited and assigned on a first-come, first-served basis.
- Exhibitor Registration Form, payment in full and Certificates of Insurance Liability are to be received at the Greece Regional Chamber office prior to the event. **Exhibitor space is not guaranteed until Certificate of Insurance is received at the Greece Chamber office.**
- Registration materials with payment may be:
 - Mailed to the Greece Regional Chamber of Commerce, 2402 W. Ridge Road, Greece, NY 14626
 - Faxed to (585) 227-7275 with credit card payment by phone at (585) 227-7272
 - Emailed to Sue@GreeceChamber.org.

Participating Exhibitors to Provide

- A Certificate of Insurance Liability listing the following entities as Additional Insureds:
 - **Greece Regional Chamber of Commerce**, 2402 West Ridge Road, Rochester, NY 14626
 - **YMCA of Greater Rochester**, 444 East Main Street, Rochester, NY 14604
- Signage for your organization and all display and handout materials
- Tablecloth, extension cords/power strip

Greece Chamber to Provide

- Exhibition table and two chairs per table
- Event promotion

2020 HEALTH & HOME EXPO EXHIBITOR FORM

Company Name/Organization (exactly how you want it to appear in advertising and promotional material):

Contact: _____

Address/City/State: _____

Telephone: _____ Fax: _____ Cell: _____

Email Address (required): _____

Special Requests (electric needed, etc.): _____

Exhibitor Registration Fees

- Regular Price for an exhibit table:

Members

\$150

Non-Members

\$450

Payment Amount (please circle level above): _____ Check included (Check # _____)

Charge My Credit Card # _____ Exp. Date _____

Circle one: Visa / MasterCard / Discover / American Express Security Code _____

Billing Address of Credit Card (if different from above): _____

WAIVER AGREEMENT

I have read the information and agree to abide by the rules and regulations described. I agree to be present at my exhibitor table during the entire time and to leave the exhibit table the way it was provided. I agree to hold harmless the Greece Regional Chamber of Commerce, YMCA of Greater Rochester, volunteers, and all persons or agents affiliated with or employed by the aforementioned organizations, on behalf of myself and my assigns and heirs from any and all claims that may result from my participation in the event. I agree to provide a Certificate of Insurance covering my participation in this event and to name the Greece Regional Chamber of Commerce and YMCA of Greater Rochester, as additional insured parties. By signing this application, I acknowledge that this waiver agreement extends to all claims of every kind or nature, whatsoever, foreseen or unforeseen, known or unknown.

Printed Name

Signature

Date

Registration and Payment Instructions

Registration materials with payment may be mailed to the Greece Regional Chamber of Commerce, 2402 W. Ridge Road, Greece, NY 14626; faxed to (585) 227-7275 with credit card payment by phone to (585) 227-7272; or emailed to Sue@GreeceChamber.org. Payment may be made by check, Visa, MasterCard, Discover, or American Express. Registration fees are non-refundable.