

2022 HEALTH FAIR & KIDS EXPO BOOTH SPACE APPLICATION



July 16, 2022 | 10am-2pm | Bogan Park Buford, In the Gymnasium | 2723 N Bogan Rd NE, Buford, GA 30519
FOOD DRIVE & SCHOOL SUPPLY DRIVE! SPONSORSHIPS AVAILABLE STARTING AT \$750!

Company Information

Company Name _____

Booth ID Name *(if different from Company Name / this is how you will be recognized)* _____

On Site Contact Name _____ Cell Phone _____

Contact Name _____ Title _____

Complete Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Website _____

Email Address *(An email address must be included - this is how event information will be relayed to vendors)* _____

Payment Information

Buford 7/16/22

Official Sponsor @ \$750 = _____

For-Profit Booth @ \$275 = _____

Non-Profit Booth @ \$150 = _____

Food Vendor @ \$150 = _____

Gift Bag Only (200 Items/per event) @ \$50/ea. = _____

Advertising Fee (Display Ad) = _____

Balance Due = _____

Payment is required with application to reserve space

Payment Type *(Please check one)*

Bill Account on File *(must have current credit app. on file)*

Check Mailed _____ / _____ / _____ Check # _____

Credit Card: Type *(Circle One)* VISA MasterCard AMEX Discover

Credit Card Number _____

Expiration Date _____ / _____ V-Code _____

Name on Card _____

Authorized Signature _____

Card Holder Address _____

- ★ Make checks payable to: SCNI Events
- ★ Sign & Mail application with payment to:
Health Fairs - c/o Gwinnett Daily Post P.O. Box 603, Lawrenceville, GA 30046
- ★ Fax Application to: 470-977-2318
- ★ Email Application to: Events@scompapers.com

Booth Space / Sponsorship Information

Profit Vendor Booth \$275

Non Profit Vendor Booth \$150

Food Vendor Space \$150
Outside (est. 20'x10' space)

Official Sponsor \$750
(with 1 booth)

Other Sponsor _____

*** See next page for Full list of Sponsorship benefits to increase your exposure*

Product/Service Information

What is your PRIMARY CATEGORY? _____

Will you do a free HEALTH SCREENING* at booth? Yes What? _____

**No Cost Screening to Attendee / No Insurance Required*

Advertisement

Increase your exposure with a display advertisement. An Official Show Insert will be published the weekend prior to EACH show with over 100,000+ circulation. Exhibitor ads below include color.

Business Card - \$225 1/8 Page Ad - \$570 1/4 Page Ad - \$945 1/2 Page Ad - \$1,695

INTERNAL USE ONLY:

Representative _____ Date Rcd. _____

Account Number _____

APPLICATION MUST BE SIGNED: By signing below, I/We understand that prepayment of booth(s) is required for reservation of exhibitor space. I/We agree that all of the provisions of the official Health Fair Rules and Regulations shall be part of this contract and that we shall provide a valid Certificate of Insurance or sign an Indemnification Agreement prior to the event date and hold harmless SCNI, Inc., Gwinnett Daily Post, Gwinnett County Parks and their legal entities from claims of any nature arising from the occupancy of assigned space or from activities of our employees or representatives, as more fully specified in the Rules and Regulations.

Authorized Signature _____ Title _____ Date _____



**GWINNETT HEALTH FAIR & KIDS EXPO 2022
Vendor Indemnification Agreement**

_____ (VENDOR NAME)

shall hold harmless Southern Community Newspapers, Inc. (SCNI Events and the Gwinnett Daily Post), plus its show sponsors, its subsidiaries, affiliates, directors, officers, employees, agents and representatives, and Gwinnett County Board of Commissioners, Gwinnett County Parks & Rec. (the venues), its subsidiaries, affiliates, directors, officers, employees, agents and representatives, from and against all claims, damages, losses and expenses (including attorney's fees) arising out of or resulting from the performance of the work undertaken or services provided by the vendor at the event listed below, provided that any such claim, damage, loss or expense (1) is attributable to bodily injury, sickness, disease or death, or to injury to or destruction of tangible property including the loss of use resulting therefrom, and (2) is caused in whole or in part of any negligent act or omission of the vendor or anyone directly or indirectly employed by any of them or anyone for whose acts any of them may be liable, regardless of whether or not it is caused in part by a party indemnified hereunder. In any and all claims against the Show Sponsor and the Venue or any of their agents or employees by any employee of the Vendor, anyone directly or indirectly employed by any of them or anyone whose acts any of them may be liable, the indemnification under the paragraph shall not be limited in any way by any limitation on the amount or type of damages, compensation or benefits, payable by or for the vendor under workers compensation acts, disability benefits or other employee benefit acts.

Event

Gwinnett Health Fair & Kids Expo
July 16, 2022, 10am-2pm
Bogan Park Buford
2723 N Bogan Rd NE, Buford, GA 30519

Vendor

Company Name (as it appears on application): _____

Contact Name / Title: _____

Signature: _____