

**COMPANY SIZE** 

# Crossroads Center Mall Saturday, January 11, 2020

# **2020 EXHIBITOR CONTRACT**

SPONSORSHIP OPPORTUNITIES

## Don't miss this opportunity to showcase your business at this unique event!

The 9th annual Central Minnesota Wellness Expo is scheduled for January 11th, 2020 at Crossroads Center Mall. starting at 10 am. This is the LARGEST public health fair in the area.

Reserve your booth now - Space is limited!

#### **Booth Sponsorship - Small and Large Business**

6' x 10' space with 1 table, 2 cha<mark>irs, table sign, m</mark>ultiple social media mentions, and business name with logo in the show guide

#### **Prime Location Space**

6' x 10' space with 1 table, 2 chairs, table sign, multiple social media mentions, email blasts, show flyers, radio and business name with logo in the show guide

#### **Gold Sponsor**

6' x 20' space with 2 tables, 2 chairs, table sign, multiple social media mentions, email blasts, show flyers, radio, on-air live interview during the morning show, and business name with logo in the show guide, logo on entrance banner, electric

### **Show Sponsor**

3 - 6' x 10' spaces with 2 tables, 2 chairs, table sign, multiple social media mentions, email blasts, show flyers, radio, on-air live interview during the morning show, and business name with logo in the show guide, logo on entrance banner, electrical hook up, stage appearance if applicable

PRICING

<ul> <li>Non Profit         <ul> <li>Please call expo staff for availability on special pricing</li> <li>Independent Distributor</li> <li>Small Business (under 10 employees)</li> <li>Large Business</li> <li>Premium Traffic Booth</li> </ul> </li> </ul>	\$225 \$300 \$375 \$650	Gold Sponso Show Sponso Electricity		\$900 \$1200 \$50
Please provide the following information to be used for published materials: Information and payment MUST be received no later than Monday, December 23, 2019 to be included in printed material.				
Company :				
Company Description :		Cata	agory:	
List Us As :				
Address:	City :		State :	Zip :
Contact Person :		Phone :		
Website:	E	Email :		
Payment Information - *\$10 off if you pay by check				
Standard Booth Option : \$ Premium T	raffic Booth C	Option : \$	Electricity (\$50 pe	r booth) : \$
Other :			Total Du	ue:\$
Number of Booths : Amount Paid	: \$	*Make check	payable to Central I	MN Wellness Expo*
Credit Card: Visa MC Am Ex Disc	Card # :			
Cardholder Name :		Exp. Da	nte:/ Sec.	Code :
Address:				
Completed By :	Pl	hone :	D	ate://



**PRICING**