



2019 sponsorship contract

Contact Name: _____ Business Name: _____

Address: _____ State: _____ Zip: _____

Cell Phone (Days of Expo): _____ Email: _____

Sponsor Name for Signage: _____

Business Phone: _____ Website: _____

Sponsors:

Please email artwork / logos to healthexpo@charlestonphysicians.com no later than **January 5, 2019** (hi-res pdf or jpeg)

_____ Presenting Sponsor	\$10,000	_____ Wellness Sponsor	\$1,000
_____ Grocery Sponsor	\$5,000	_____ Corner Vendor Booth	\$750
_____ Media Sponsor	\$2,500	_____ Vendor Booth	\$599
_____ Corporate Sponsor	\$2,000		

Booth preference: (Charleston Health and Wellness Expo will do its best to honor requests):

1st choice _____ 2nd choice _____ 3rd choice _____

By signing this contract with the **Charleston Health and Wellness Expo**, the Sponsor hereby agrees to the following terms.

Payment: Sponsorship is expected to provide payment upon execution of contract – contract **must be paid on or before January 10, 2019** or sponsorship will be considered in default and contract canceled.

Advertising materials: When ad materials are not turned in by the deadline of January 5, 2019, **Charleston Health and Wellness Expo** reserves the right to not include Sponsor in any advertising materials.

Deadlines: The deadline for all sponsorship and booth reservations, ad materials including logos, is on or before January 5, 2019.

Termination: The Sponsor agrees that this contract cannot be terminated after January 5, 2019. If contract is canceled prior to January 10, 2019, the Sponsor agrees to pay **65%** of the contract amount.

I have read and understand the terms of this contract, and I agree to be personally responsible and that I represent the company responsible for this debt. I understand the terms of this contract and the deadline dates.

*We accept all major credit cards or you may pay via check payable to
Cooper River Bridge Run, PO Box 22617, Charleston, SC 29413*

Name on Card : _____ Credit card #: _____

Expiration Date: _____ CVW #: _____ Billing Zip Code: _____

Signature: _____ Date: _____

Media Consultant Initials: _____

