



2021 sponsorship contract

Contact Name: _____ Business Name: _____

Address: _____ City: _____ 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 10/1/2021 (hi-res pdf or jpeg)

_____ Presenting Sponsor	\$10,000	_____ Wellness Sponsor	\$1,000
_____ Grocery Sponsor	\$5,000	_____ Corner Vendor Booth	\$600
_____ Media Sponsor	\$2,500	_____ Vendor Booth	\$425
_____ 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 September 15, 2021** or sponsorship will be considered in default and contract canceled.

Advertising materials: When ad materials are not turned in by the deadline of October 1, 2021, **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 October 1, 2019.

Termination: The Sponsor agrees that this contract cannot be terminated after October 1, 2021. If contract is canceled prior to October 1, 2021, 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
Media Services 1013 Chuck Dawley Blvd, Mt Pleasant, SC 29464

Name on Card : _____ Credit card #: _____

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

Signature: _____ Date: _____

Media Consultant Initials: _____

HealthLinks