

# THE GREATER NEW HAVEN SENIOR & DISABILITY EXPO

Presented by: The Agency on Aging of South Central CT & the City of New Haven

## Senior & Disability Information Fair

5<sup>th</sup> Annual Event

Featuring: Vinnie Carr

*last year's event drew over 1200 attendees and 150 vendors!*

New Haven Athletic Center

480 Sherman Parkway

Friday May 21, 2010

10:00 am-2:00 pm

Agency/Business: \_\_\_\_\_

*Please print*

Contact Person: \_\_\_\_\_

*Please print*

Mail Address: \_\_\_\_\_

*Please include email address( if applicable):* \_\_\_\_\_

*Please print*

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

### FEE SCHEDULE FOR VENDOR TABLES:

applications must be postmarked by April 15, 2010

Please check the appropriate booth category choice: † *Note Double Booth spaces are limited*

Non-profit booth *no fee* \_\_\_\_\_

For-profit booth \$50 \_\_\_\_\_

(with working budgets under \$100,000.00)

For-profit booth † \$125 \_\_\_\_\_

(with working budgets over \$100,000.00)

Prizes: I will give away prizes, handouts, healthy treats or bags at my booth Yes\_\_\_\_ No\_\_\_\_

I will donate a door prize/gift basket for the raffle: Yes\_\_\_\_ No\_\_\_\_

- Please return this application and Exhibitor Agreement to:

Agency on Aging of South Central CT, 1 Long Wharf Drive, New Haven, Ct 06511

FAX To: 203-785-8873 ATTN: Sue Hamilton or email to [shamilton@agencyonaging.org](mailto:shamilton@agencyonaging.org)

Phone 203-785-8533 Ext 3158

- A check in the full amount must accompany your application.
- Make your check payable to AASCC/New Haven Senior Expo
- Confirmation of your booth space is sent in as soon as we receive applications by mail or email

No cancellation refunds.

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## 2010 EXHIBITOR'S AGREEMENT

This agreement is part of your application. Please read it carefully.

- Mail the completed & signed original with payment no later than April 15<sup>th</sup>.

### THE UNDERSIGNED AGREES TO ABIDE BY THE FOLLOWING RULES:

1. To help publicize the Fair and enjoy your interaction with our seniors!
2. To be present at my table by 8:30 a.m. on Friday May 21, 2010 and have staff at the table at all times until the close of the Fair.
3. To conduct my Fair activities in the space provided at my table.
4. To remove all materials from the table at the end of the Fair.

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Exhibitor's Signature:

Date:

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Agency/Business Name:

# Greater New Haven Senior & Disability Expo

## ADVERTISEMENT RATE SHEET

2010 PROGRAM BOOKLET

FRONT PAGE \$250.00

BACK PAGE \$250.00

CENTER PAGES \$250.00 EACH

FULL PAGE      HALF PAGE

\$100.00      \$50.00

BUSINESS CARD SIZE

\$25.00

Name of organization: \_\_\_\_\_

Size of advertisement: \_\_\_\_\_

Amount enclosed \_\_\_\_\_

Please make checks payable to: **AASCC/EXPO**

**PLEASE NOTE THAT PAYMENT DEADLINE IS :**

**April 15<sup>th</sup>**

**Ads need to be camera ready!**

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203-785-8533 EXT 3158

MAIL CHECKS TO: AGENCY ON AGING OF SOUTH CENTRAL CT

1 LONG WHARF DRIVE

NEW HAVEN, CT 06511

ATTN: Sue Hamilton

Advertisements can be emailed  
to: [shamilton@aoapartnerships.org](mailto:shamilton@aoapartnerships.org)

