

 JUPITER MEDICAL CENTER
LOGGERHEAD
TRIATHLON

HEALTH & FITNESS EXPO



Date & Time:

Friday, August 4th 2017
3:00 p.m. - 8:00 p.m.

Location:

Jupiter Beach Resort & Spa
5 N. A1A
Jupiter, FL 33477
In the Grand Ballroom

Packet Pickup:

3:00 - 8:00 p.m.

First Timers Seminar:

6:00 - 7:00 p.m.

Fees/Admission:

NO CHARGE to attend
the Health & Fitness Expo

Featuring companies specializing in sporting goods, health foods, fitness clubs, and other industries important to keeping a healthy lifestyle. More than 600 competitors & race enthusiasts to attend!

In addition to highlighting our sponsors the Expo serves as the location in which participating athletes will pick up materials for the race including t-shirt, bib numbers and important race day information.

Exhibitor Booth Space Now Available!

Expo Exhibitor (Member): \$300

Expo Exhibitor (Non Member): \$350

Double Booth: \$500

To inquire about space please contact KIM, kreddington1963@aol.com

Produced by:



PALM BEACH NORTH
CHAMBER OF COMMERCE

Presented by:



JUPITER
MEDICAL
CENTER





2017 HEALTH & FITNESS EXPO VENDOR AGREEMENT

SPONSORSHIP INFORMATION

WE WILL SPONSOR THE FOLLOWING:

Jupiter Medical Center Loggerhead Triathlon Health & Fitness Expo

SPONSORSHIP LEVEL:

\$300 Chamber Member Rate

\$350 Non Chamber Member Rate

CONTACT INFORMATION

COMPANY NAME

CONTACT NAME

ADDRESS

CITY

STATE

ZIP CODE

PHONE

FAX

EMAIL

NOTES *Please attach company logo

PAYMENT INFORMATION

PAYMENT ENCLOSED

PLEASE SEND AN INVOICE: (DATE) _____ ATTN: _____
(INVOICES WILL BE SENT IMMEDIATELY, UNLESS OTHERWISE SPECIFIED)

PLEASE CHARGE MY CREDIT CARD: (SELECT ONE) VISA MASTERCARD AMEX

CARDHOLDER NAME

CARD NUMBER

EXPIRATION DATE

CARDHOLDER ZIP CODE

REQUIRED SIGNATURES

AUTHORIZED COMPANY REPRESENTATIVE
(PRINT) _____

(SIGNATURE) _____

(TITLE) _____

DATE

CHAMBER REPRESENTATIVE
(PRINT) _____

(SIGNATURE) _____

(TITLE) _____

DATE

RETURN THIS SPONSORSHIP AGREEMENT TO kreddington1963@aol.com