



**SENIOR CITIZENS EXPO REGISTRATION FORM:**

4H Community Building located at 1240 4-H Road, Bluffton, IN 46714

**October 6, 2022 – 9 am – 2 pm**

**Business Name:** \_\_\_\_\_

**Name to appear on the exhibit sign:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Email Address\*:** \_\_\_\_\_

(\*Most communication will be managed via email)

*Please mail your payment to: Wells County Council on Aging, 225 W. Water St., Bluffton, IN 46714*

**EVENT EXPENSES:**

- \$225.00 booth rental
- \$245.00 booth rental if Gold Star Passport Sponsor

The **Gold Star Passport Program** encourage patrons to stop at your booth and learn about what you have to offer. We hand out passports to all the patrons who attend the Expo. Patrons will go around to each booth and get a ‘stamp’ on their passport from each sponsor. Once they have completed the passport, they are entered into a drawing to win Chamber of Commerce “Chamber Bucks” that can be used at various local merchants.

**PLEASE INCLUDE YOUR PAYMENT ALONG WITH YOUR REGISTRATION FORM!**

We encourage you or your representative to be at your booth during the advertised hours of the Expo. All booth spaces are available on a first-registration basis. There are no refunds without a one-month written notice prior to the date of the Expo.

I agree to the terms set by the Wells County Council on Aging. I will abide by all the rules, guidelines and building regulations established for this event. I assume all risks for my property and person, and do not hold liable the Wells County Council on Aging, Wells County 4-H Community Building, or Mutton Rental Services, its staff or agents for loss, damage, theft, or injury during this event.

Exhibitor is advised to remove all carry out articles from their display area at the close of the event. Such items are the sole responsibility of the exhibitor. No other parties associated with the Senior Expo will assume responsibility for any loss or shortage.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

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For WCCOA Use: Check # \_\_\_\_\_ Space # \_\_\_\_\_