



SENIOR CITIZENS EXPO REGISTRATION FORM:

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

May 8, 2025

Business Name: _____

Name to appear on the exhibit sign: _____

Business Address: _____

Telephone Number: _____

Contact Person: _____

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 **(After March 31, 2025, fee is \$250)**
- \$245.00 booth rental if **Gold Star Passport Sponsor (After March 31, 2025, fee is \$270)**

The **Gold Star Passport Program** encourages 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! CREDIT CARDS ARE ACCEPTED (3.5% service fee is added)-call 260-824-1070 to make Credit Card Payments

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 one month's 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.

Exhibitors are 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: _____

For WCCOA Use: Check # _____ Space # _____