

# 50+ LIVING

reinvent your life

Office Use Only  
Acct #:  
Date Received:

Exhibitor Name \_\_\_\_\_  
(as it will appear printed on booth signage)

Contact \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Office Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Website: \_\_\_\_\_

Description of your products/services: \_\_\_\_\_

**Selling of products is permissible.** You must have a NY State Sales Tax ID.  
(For food products, prior approval is necessary. Contact The Daily Gazette)

**Exhibitor Options: (see attached)**

**Spring Expo - 5/20/18- 11:00AM- 3:00PM -Rivers Casino & Resort- Schenectady NY**

\_\_\_\_\_ \$ 550.00 Single Booth  
\_\_\_\_\_ \$1,000.00 Double Booth

**Fall Expo - 10/13/18- 11:00AM- 3:00PM-**

**Saratoga City Center- Saratoga, NY**

\_\_\_\_\_ \$ 550.00 Single Booth  
\_\_\_\_\_ \$1,000.00 Double Booth

**Spring Expo & Fall Expo- 2 Events**

\_\_\_\_\_ \$1,000.00 Single Booth  
\_\_\_\_\_ \$1,850.00 Double Booth

\_\_\_\_\_ \$30.00 Additional (per event) for electrical

\_\_\_\_\_ **Total Due**

Insurance: A copy of your liability insurance certificate is required  
Internet: Access varies with venue.

\_\_\_\_\_ Deposit Amount \_\_\_\_\_ Balance Due \_\_\_\_\_ Payment in Full

**Credit Card Information:**  MasterCard  Visa  Discover

Credit Card Number \_\_\_\_\_

Back Code \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on Credit Card \_\_\_\_\_

Billing Address \_\_\_\_\_

Amount Processed \_\_\_\_\_

**Check Enclosed** \_\_\_\_\_ Payable to: The Daily Gazette, mail to- Attention: Events, PO Box 1090 Schenectady, NY 12301

Non-refundable Deposit Due with signed contract to hold your space. Full payment due one month prior to event.

\*\*Booth includes: Size 8x10, 2 chairs, one 6' table with vinyl tablecloth, skirting, 8' high back drape, 3' high side drape and booth identification sign. Exhibitor set-up, load in & pertinent details will be communicated as each event gets closer.

\*\*All vendors must be completely set up 30 mins before the opening of the event.

By signing contract, I acknowledge that I have read and understand terms and conditions on page 2, 3:

**Authorized Signature** \_\_\_\_\_

**Title** \_\_\_\_\_ **Date** \_\_\_\_\_

**THE DAILY GAZETTE** Questions?  
www.dailygazette.com **(518) 395-3045**  
When Credibility Matters

2345 Maxon Road Ext., P.O. Box 1090 • Schenectady, NY 12301-1090