



**17th Annual**  
**BOONE COUNTY**  
 Senior Health & Wellness Expo  
*Saturday, October 4, 2025*



### Exhibitor Application and Contract

The undersigned hereby applies for space as an exhibitor at the 17th Annual Boone County Senior Health & Wellness Expo to be held on Saturday, October 4, 2025 from 9:00a.m.-Noon at the Boone County 4-H Fairgrounds, Lebanon, IN.

Company / Agency Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

All correspondence regarding our exhibit should be addressed to the attention of:

Name \_\_\_\_\_ Address (if other than above) \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

For publicity purposes, please indicate what service or product you will be offering at the event:

\_\_\_\_\_  
 \_\_\_\_\_

**Name desired on ID sign and on media:** \_\_\_\_\_

Please complete this form and return with **payment made payable to:**

**Boone County Senior Services, Inc.**

515 CrownPointe Dr  
 Lebanon, IN 46052  
 765.482.5220  
 317.873.8939  
 Fax: 765-482-5239

sshoup@booneseniors.org

#### BOOTH SPACE REQUEST

Commercial Exhibitor  
 Single—8x8 ft.....\$325 \_\_\_\_\_  
 (\$275 if payment received by June 1)

Commercial Exhibitor &  
 Passport Stamp card Sponsor \_\_\_\_\_  
 Single—8x8 ft.....\$400

Non-profit Exhibitor  
*(Must be a 501(c)3 or a club/group)*  
 Single—8x8 ft.....\$125 \_\_\_\_\_  
 (\$100 if payment received by June 1)

Electrical Hook-up (yes/no) \_\_\_\_\_  
**TOTAL** \_\_\_\_\_

No refund made after September 1, 2025. Note that the booth cost includes 6' skirted table, two chairs and sign.

#### SPONSORSHIP & BOOTH SPACE REQUEST

Title Sponsor \$2500 \_\_\_\_\_  
 Includes 2 expo booth spaces,  
 logo included in print  
 materials, electronic media  
 & more

Major Sponsor \$1000 \_\_\_\_\_  
 Includes 1 expo booth space,  
 logo included in print materials,  
 electronic media & more

**TOTAL** \_\_\_\_\_

We have read the *Boone County Senior Health & Wellness Expo* rules and regulations. We understand that this contract shall be legally binding between BCSSI and the exhibitor. We also understand that any change in the information in this contract must be made in writing.

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

\*\*Name (Print or Type) \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only:

Accepted By \_\_\_\_\_

Date \_\_\_\_\_

Payment Rec'd \_\_\_\_\_

