

# CONTRACT / INVOICE



Conference Date: **NOVEMBER 8, 2017**

|              |                      |
|--------------|----------------------|
| Organization | <input type="text"/> |
| Business Use | <input type="text"/> |
| Contact Name | <input type="text"/> |
| Email        | <input type="text"/> |

|                |                      |                      |
|----------------|----------------------|----------------------|
| Street Address | <input type="text"/> |                      |
| City           | <input type="text"/> |                      |
| State/Zip      | <input type="text"/> | <input type="text"/> |
| Telephone      | <input type="text"/> |                      |



**SUBMIT FORM** (Top Right)

FAX TO:  
**954-585-9201**

EMAIL TO: **Steven@caregiver.com**

Account Rep

### PAYMENT OPTIONS:

**Check is attached to the original Contract/Invoice**  
Mail check to Caregiver.com, Inc.  
3920 Riverland Road, Fort Lauderdale, FL 33312

**Charge**

#### Card and Billing Information



|                  |                      |                          |                          |                          |   |                                |
|------------------|----------------------|--------------------------|--------------------------|--------------------------|---|--------------------------------|
| Cardholder Name: | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                |                                |
| Card Number:     | <input type="text"/> | <input type="text"/>     | <input type="text"/>     | <input type="text"/>     | Expiration: <input type="text"/> / <input type="text"/> | Security: <input type="text"/> |
| Address          | <input type="text"/> |                          |                          |                          | Suite/Unit Number                                       | <input type="text"/>           |
| City             | <input type="text"/> | State                    | <input type="text"/>     | ZIP/ Postal Code         | <input type="text"/>                                    |                                |

**For Conference Guide and Signage - Note, please enter public contact information.**  
Mark **SAME** if same as Contract information.

|                |                      |           |                      |                      |
|----------------|----------------------|-----------|----------------------|----------------------|
| Organization   | <input type="text"/> | State/Zip | <input type="text"/> | <input type="text"/> |
| Contact Name   | <input type="text"/> | Telephone | <input type="text"/> |                      |
| Street Address | <input type="text"/> | Email     | <input type="text"/> |                      |
| City           | <input type="text"/> | Web URL   | <input type="text"/> |                      |

|                                  |                      |                                  |                      |
|----------------------------------|----------------------|----------------------------------|----------------------|
| First/Last Name for Vendor Badge | <input type="text"/> | First/Last Name for Vendor Badge | <input type="text"/> |
|----------------------------------|----------------------|----------------------------------|----------------------|

|  | Bronze         | Silver           | Gold             | Platinum         | Consultation Station | Bag Sponsor                            |
|--|----------------|------------------|------------------|------------------|----------------------|--|
|  | Half Day       | Full Day         | Full Day         | Full Day         | Full Day             | Full Day                               |
|  | 8:30am to Noon | 8:30am to 2:30pm | 8:30am to 2:30pm | 8:30am to 2:30pm | 8:30am to 2:30pm     | 8:30am to 2:30pm                       |
| <b>Table Top Exhibit Table(s)</b>                          | ✓              | ✓                | ✓                | ✓                | ✓                    | ✓                                      |
| <b>Conference Guide Listing</b>                            | ✓              | ✓                | ✓                | ✓                | ✓                    | ✓                                      |
| <b>Caregiver.com 6-Month Listing in Resource Directory</b> | ✓              | ✓                | Enhanced Listing | Enhanced Listing | Enhanced Listing     | Enhanced Listing                       |
| <b>Exhibitor Lunches</b>                                   |                |                  | ✓✓               | ✓✓               | ✓✓✓                  | ✓✓✓✓✓                                  |
| <b>AD-Conference Guide</b>                                 |                |                  |                  | Half Page        | Full Page            | Full Page                              |
| <b>Additional Table Top Exhibit For More Visibility</b>    |                |                  |                  |                  | ✓                    | ✓                                      |
| <b>Prime Visibility</b>                                    |                |                  |                  |                  |                      | LOGO On Conference Bag                 |
| <b>Introduction from Podium</b>                            |                |                  |                  |                  |                      | Your Company is Introduced From Podium |
| <b>Savings</b>   | \$125          | \$312            | \$1,080          | \$1,480          | \$1,610              | \$1,730                                |

| Costs             | Bronze                            | Silver                            | Gold                              | Platinum                           | Consultation Station               | Bag Sponsor                        |
|-------------------|-----------------------------------|-----------------------------------|-----------------------------------|------------------------------------|------------------------------------|------------------------------------|
| <b>For Profit</b> | \$500<br><input type="checkbox"/> | \$700<br><input type="checkbox"/> | \$900<br><input type="checkbox"/> | \$1212<br><input type="checkbox"/> | \$1500<br><input type="checkbox"/> | \$2500<br><input type="checkbox"/> |
| <b>Non Profit</b> | \$250<br><input type="checkbox"/> | \$400<br><input type="checkbox"/> | \$600<br><input type="checkbox"/> | \$700<br><input type="checkbox"/>  | \$1000<br><input type="checkbox"/> | \$2000<br><input type="checkbox"/> |

### ADD-ON OPTION

- \$30** Electricity
- \$70** WiFi
- \$150** Bag Stuffer

Discounted Exhibitor Lunch - \$25/ea

Name

Name

#### Conference Guide Ad

**\$450 Half Page**  
(W:5" H:4" / 300dpi / CMYK / PDF)

**\$800 Full Page**  
(W:5" H:8" / 300dpi / CMYK / PDF)

**Total =**

1. The above named business agrees to exhibit at the Fearless Caregiver Conference on the defined date above.
2. The signor is fully responsible to execute this contract/agreement for the Organization.
3. Set up of display by 8:00am on the contracted day and maintain exhibit until closing of Exhibit Room.
4. Space will not be reserved until payment in full is received.
5. Host(s) and coordinator(s) will be named harmless for any loss, damage or injury to the exhibitor or exhibitor's property.
6. Host(s) and coordinator(s) will be held harmless for any legal suit, including, but not limited to any hands-on testing, screening, examinations performed at the conference.
7. Host(s) and Coordinator(s) are not responsible for delays caused by weather, traffic conditions, mechanical problems, acts of war or terror or Acts of God.
8. Failure to comply with these rules and regulations will result in termination of service, requiring payment in full with no refund.

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Entered into Contract by (Please Sign):

\*Rules and Regulations apply

Date:

Caregiver.com, Inc. /Host