

Friday, September 15th 2017

EXHIBITOR/SPONSOR APPLICATION

EXHIBITOR INFORMATION (please print or type)

Company Name	
Mailing Address	
City, State and Zip Code	
Contact Person	
Business Phone	
Email	

Please describe your service or business: _____

Sponsorship Level:

PLATINUM sponsorship: \$2000 _____

GOLD sponsorship: \$1000 _____

SILVER sponsorship: \$ 500 _____

BRONZE sponsorship:

Full Table: 8 feet \$ 200 _____

Half table: 6 feet \$ 150 _____

Quarter Table: 4 feet \$ 100 _____

Additional Services: (check if needed)

_____ Access to electrical outlet _____ Area for health services or testing

Type of testing to be provided _____

Payment Method:

_____ Check Enclosed (Made payable to Northshore Senior Center)

_____ Credit or Debit card – List information below

Credit card type: Visa MC AmEx	Expiration Date:
Credit card number:	3 Digit Security Code:
Authorized Signature:	Date:
Return completed form and payment no later than August 31st 2017 to: Kerri Schwindt or Terry Schuler Northshore Senior Center 10201 E. Riverside Drive Bothell, WA 98011 Or FAX to: 425-485-4954	Questions?: Kerri Schwindt - 425-286-1030 KerriS@mynorthshore.org Terry Schuler – 425.948.7170 Terrys@mynorthshore.org

Thank you!