



# The Boca Chamber's

## COMMUNITY COOKOUT

Saturday, March 16, 2019 | 11 AM TO 3 PM

### EXHIBITORS REGISTRATION

The Community Cookout offers Boca Chamber members the opportunity to display their products and services to approximately 1,000 people who attend this community event. If your organization caters to families such as dentists, pediatricians, museums, family banks, colleges, salons, party planners, photographers, etc., then exhibiting at this fun filled day is for you! \*

- Cost of exhibiting is \$399 per table
- Cost includes a six-foot table with two chairs and two meal tickets.
- Exhibitors are encouraged to conduct an activity to get families over to their stations so that children are entertained while you are networking with their parents.
- Set-up time is 9:30 a.m. on the day of the event and break-down time is no earlier than 2:30 p.m. Event runs 11:00 a.m. to 3:00 p.m.
- No more than three of the same type of businesses can exhibit at the same event.
- Sharing of tables is NOT allowed. Cancellations with less than one week's notice are non-refundable!
- Access to electrical outlets is limited! **(Extension cords are not provided, you MUST bring your own!).**

*(\* Some Restrictions May Apply)*

#### EXHIBITOR INFORMATION:

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Fax: \_\_\_\_\_

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

E-mail: \_\_\_\_\_ Business Category: \_\_\_\_\_

#### Company representatives working the exhibitor table at the Community Cookout:

Name: \_\_\_\_\_ email: \_\_\_\_\_

Name: \_\_\_\_\_ email: \_\_\_\_\_

*(Entry for two representatives per table is included in the price)*

**Total to be charged:** ☐ \$399 for one Exhibitor table\* *(Exhibitor Registration Fee is Non-Refundable & Non-Transferable)*

Prices include two representatives from your company.

**Form of payment:** ☐ Check\*\* ☐ Credit Card **Credit Card Type:** ☐ MC ☐ VISA ☐ AMEX ☐ DISCOVER

CC #: \_\_\_\_\_ Exp: \_\_\_\_\_ CVV\*: \_\_\_\_\_ Billing Zip: \_\_\_\_\_

\*CVV=AMEX-front of card 4 digits above account number. Visa/MC/Disc-back of card last 3 digits on signature panel

Name on card: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit this form to Chasity J. Navarro by March 1st ~ Fax: 561.392.3780 Email: cnavarro@bocachamber.com

