

NOV. 1, 2021 THRU JAN. 31, 2022

**Back by
Popular
Demand**

2021 *Virtual* **50+ EXPO**



Reach Thousands of Boomers and Seniors Online, in Print and Direct Mail!

Your logo and business name will link to your **CUSTOM LANDING PAGE**

featuring your information, photos, videos, special offers and a "contact-us" form.

Exhibitors will be promoted on Facebook and other social media, as well as in multiple ads in all Beacon editions, and in targeted e-mail blasts to over 100,000 boomers and seniors.



Plus

All exhibitors will have a **FULL-PAGE COLOR AD** in our glossy Expo Program Guide to be **DIRECT-MAILED** to more than 8,000 attendees of prior Expos



SPONSOR BENEFITS

In addition to all the exhibitor benefits, Sponsors will enjoy these EXCLUSIVE BENEFITS*:

- **Speaker Opportunities**
- **Banner Ads**
- **Print Ads in the Beacon**
- **Radio Mentions**
- **E-blasts and more!**

See next page for chart of benefits:



*Benefits depend on sponsorship level.



BENEFITS	SPONSOR LEVELS			
	GOLD	SILVER	BRONZE	EXHIBITOR
	\$7,500	\$5,000	\$2,500	\$795
Online Benefits:				
Custom landing page on Expo website	✓	✓	✓	✓
Jumbo Banner Ad on Expo website	✓	✓	✓	
Logo/Link on Expo Home Page	✓	✓	✓	
Expo speaker opportunity	30 min	15 min		
Sponsorship recognition on WMAL and WYCB radio	✓			
Logo and recognition in promo e-blasts	✓			
Expo workshop, class or demo	30 min	15 min		
Print Benefits:				
Logo on all flyers, ads, posters	✓	✓	✓	
2-page color spread (far forward) in glossy mailed Expo Program Guide	✓	✓		
1 page color ad (far forward) in mailed Expo Program Guide			✓	
1 page color ad in Expo Program Guide				✓
Color ad in November or December <i>Beacon</i> *	Full Page	Half Page	Quarter Page	
Acknowledgment in all articles, press releases	✓	✓		
Listing in <i>Beacon</i> Special Expo Section	✓	✓	✓	✓

* Sponsorship ads run in addition to any already-contracted advertising, and may be used to promote your sponsorship and the Expo.





EXHIBITOR/SPONSOR AGREEMENT

EXHIBITOR (company or organization): _____

CONTACT NAME: _____ TITLE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ E-MAIL: _____

WEB SITE ADDRESS : _____

TYPE OF BUSINESS: _____

Virtual 50+Expo, November 2021 - January 2022

Gold sponsorship (\$7,500)

Silver sponsorship (\$5,000)

Bronze sponsorship (\$2,500)

Exhibitor (\$795)

Please complete the credit card charge form at the back of this packet or please make your check payable to The Beacon (note "Expo" on all checks), and mail to: The Beacon, P.O. Box 2227, Silver Spring, MD 20915-2227.

Exhibitor/Sponsor will be confirmed upon receipt of signed agreement. Agreements will be accepted until exhibit space is sold out, and thereafter a waiting list will be established.

Applicant, representing Exhibitor/Sponsor, represents and warrants that Exhibitor/Sponsor will exhibit at event and that total fees due under this agreement shall be paid in full on or before October 1, 2021. No payments made under this agreement will be refundable after that date. In the event that the total fees due are not paid by Exhibitor/Sponsor by October 1, 2021, Exhibitor/Sponsor will remain liable for full payment, including interest at the rate of 1.5% per month (18% per annum) on any balance due. Should collection procedures become necessary, Exhibitor/Sponsor agrees to pay all costs of collection, including court costs and attorney's fees.

General Release and Acceptance of Rules: I (We) the Applicant(s) do represent the Exhibitor/Sponsor, and agree that the "Rules and Regulations" accompanying this contract are binding upon Exhibitor/Sponsor and its representatives. Exhibitor/Sponsor expressly releases The Beacon Newspapers, Inc., Inc. (the Expo Producer), other Expo presenters, exhibitors and sponsors, and the owners of the Expo location facility of and from any and all liability for any damage, injury or loss to any person or goods which may arise from the Exhibitor/Sponsor's participation in the Expo, and agrees to hold and save the Producer and owners of the facility harmless for any loss by any reason thereof.

It is mutually agreed that all information on this application, including the Rules and Regulations, are part of this contract and will be binding on both parties upon acceptance by the Expo Producer.

I (We) the Applicant agree that our Company name may be included in any advertising and promotional materials prepared by the Expo Producer.

Relationship of the Parties. Nothing in this Agreement is intended to create a joint venture, partnership or agency relationship between the parties. This Agreement is for the sole benefit of the parties hereto and shall not confer upon any other party any right, benefit or remedy by reason of this Agreement, and under no circumstances shall any party to this Agreement, or any affiliates thereof, make available to or provide to any hearing health professional any direct or indirect incentives, financial or otherwise, in connection with a consumer's decision to register for or use IP CTS. Notwithstanding anything to the contrary, this Agreement shall not be deemed to be a joint marketing agreement between the parties hereto.

Hearing Healthcare Professionals. This Agreement does not constitute an agreement between Exhibitor/Sponsor and a hearing healthcare professional. Consistent with the rules and policies of the Federal Communications Commission ("FCC"), the Beacon Newspapers, Inc. does not employ hearing healthcare professionals. During the term of this Agreement, the Beacon Newspapers, Inc. shall not employ any hearing healthcare professionals, as that term is defined by the FCC.

Applicant (on behalf of Exhibitor) _____ Date _____

Applicant Signature _____

Beacon Account Executive _____ Date _____





CREDIT CARD AUTHORIZATION FORM

Please print very LARGE and CLEAR, especially your NUMBERS.

Salesperson name: _____ Date: _____

Customer name: _____

Email address to send receipt, if applicable: _____

Amount to be charged today: _____

Check one: VISA M/C AMEX Discover

Account number: (16 digits for Visa or M/C)

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(15 digits for Amex)

Expiration date: (Month and year) _____

Security code (this is a 3 digit code for Visa, M/C and Discover)

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(this is a 4 digit code for AMEX)

Name EXACTLY AS IT APPEARS ON THE CARD: _____

Address TO WHICH THE CARD IS BILLED: _____

Including City State & Zip Code

Signature: _____

P.O. Box 2227 Silver Spring, MD 20915-2227

Phone: 301-754-0471 • Fax: 301-754-0472