

AARP
PRESENTS
Orlando@50+
Exhibit Application

REMEMBER to make a copy of your completed application. Please FAX your completed application to: 202-434-7681	OR mail your completed application to: AARP Sponsorships & Exhibits 601 E Street, NW Washington, DC 20004	For additional information and updates: Visit: www.aarp.org/events Email: exhibits@aarp.org Phone: 202-434-2767
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I. Exhibitor Contact Information

Please provide the information for the official contact person from your organization who will receive all correspondence for AARP Presents Orlando@50. Please provide an active email address if you wish to receive valuable information and updates about AARP Presents Orlando@50+.

Please Print

AUTHORIZED REPRESENTATIVE - EXHIBITOR NAME

BILLING ORGANIZATION NAME (If different than Exhibitor Name)

ADDRESS

ADDRESS (BUILDING, SUITE, ROOM NUMBER)

CITY, STATE, COUNTRY, ZIP CODE + 4

TELEPHONE (AREA CODE, DIRECT LINE AND/OR EXTENSION) FAX

EMAIL

WEBSITE

Type of Industry: Financial Health & Fitness Home & Garden Technology Travel Other:
Please List _____ Check here if you have previously exhibited at AARP's National Event & Expo

II. Description of Products and Services

All applications must be accompanied by a complete description of product/ service information and literature to be displayed or sold. Please provide the required information on a separate sheet. Applications will not be processed without this attachment. You may be required to provide background information and will need to substantiate claims for products and services.

III. Event Program Book and Promotional Information*

The information below will be used in the Event Program Book and other marketing initiatives.

Please be specific with upper and lowercase, punctuation, and spacing.

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*This information will be published and distributed to the public.

Companies submitting applications will automatically receive AARP's monthly Sponsorships and Exhibits email newsletter. If you do not wish to receive updates and information, please check this box.

AARP works with certain third-party companies that must contact sponsors and exhibitors directly (e.g., a show decorating company, registration and housing company). Check here if you would not like to receive information from other third-party companies offering special services, opportunities or discounts exclusively for sponsors and exhibitors at the event.

IV. Sponsorship/Marketing Opportunities

If you are interested in participating in any of the following sponsorship or marketing opportunities, please check the appropriate box for more information.

SPONSORSHIP PACKAGES

- Platinum Event Sponsor **\$300,000** Gold Event Sponsor **\$150,000**
 Silver Event Sponsor **\$75,000**

PROMOTIONAL OPPORTUNITIES

- Channel50+ **\$3,000 - \$6,000** Lifestyle Sessions **\$25,000**
 Event Program Book **\$3,500-\$9,000** Magnifier Card **\$10,000**
 Event Pocket Guide **\$2,900** Member-to-Member Lounge **\$25,000**
 E-Shuttle **\$7,500** Presentation Stage **\$1,250**
 Exhibitor Floor Feature Stages Print Advertising in an AARP publication (Call: 646.521.2500)
 Exhibit Hall Trolley Stops **\$12,500**
 Event Bag Insert **\$10,000**
 Technology Learning Lab and Theatre **\$50,000**
 Event Newspaper **\$1,400-\$12,000**
 Interactive Exhibit Floor **\$20,000**

Advertising on AARP website, AARP.org | 202.434.3660 or email onlinesales@aarp.org

To find out about additional opportunities, please call 202.434.2767 or email us at exhibits@aarp.org.

V. Booth Space Request

Please use the following 3-step process when requesting your booth:

1. Indicate your preferred pavilion category:

- Government & Nonprofit Health and Fitness Travel and Leisure Housing Technology
 Other: Undesignated exhibit floor space is available for additional categories.

If other, please list category: _____

Exhibit Booth Space includes: 3 foot high side drape | 8 foot high back drape | 7 x 44" id sign

***Carpet, tables, chairs, etc. must be ordered and paid for by the exhibitor.**

Do not send payment for booth space with this application. Upon review and acceptance of your application, AARP will send you an invoice. Full payment is due within 30 days of receipt of invoice and no later than 30 days prior to the event, whichever is earlier.

2. Select and complete the form applicable to your business.

- (A) Government/Nonprofit
 (B) Commercial (no direct sales allowed on exhibit floor)
 (C) Retail (sales allowed)
 (D) Non-Profit

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(A) Government & Nonprofit:, with a space for the exhibitor to calculate their discount.

Booth Type (100 square feet)	No. of Booths	Cost per Booth	Total Cost
In-Line		x \$1,050	=
Corner		x \$1,100	=
Island (4 booth min.)		x \$1,250	=
5% discount for 400sq. ft of space or more			=
		Subtotal =	

(B) Commercial

Booth Type (100 square feet)	No. of Booths	Cost per Booth	Total Cost
In-Line		x \$2,000	=
Corner		x \$2,100	=
Island (4 booth min.)		x \$2,300	=
5% discount for 400sq. ft of space or more			=
		Subtotal =	

(C) RETAIL (sales allowed)

Booth Type (100 square feet)	No. of Booths	Cost per Booth	Total Cost
In-Line		x \$2,100	=
Corner		x \$2,200	=
Island (4 booth min.)		x \$2,400	=
5% discount for 400sq. ft of space or more			=
		Subtotal =	

3. Please indicate your booth number preference in the spaces below.

Please refer to the Exhibit Hall Floor Plan:

First Preference Booth Number(s) _____

Second Preference Booth Number(s) _____

Third Preference Booth Number(s) _____

VI. Acceptance by Exhibitor

Exhibitors are held to the Terms and Conditions of this agreement and any exhibitor submitting an application agrees to be bound to all Terms and Conditions. The Terms and Conditions for participation in Orlando@50+ are outlined in the back of this Sponsor and Exhibitor Prospectus. Exhibitors not making full payments within 30 days may forfeit their reserved space. Applications are reviewed continuously. AARP will acknowledge receipt of all applications. Please be sure to read the rules, regulations and contact information.

SIGNATURE OF AUTHORIZED EXHIBITOR REPRESENTATIVE DATE _____

Name and Title (PLEASE PRINT) _____

TAX ID NUMBER (REQUIRED) _____