



**Southwestern Pennsylvania
Area Agency on Aging, Inc.**

Washington County
SENIOR EXPO
SEPTEMBER 25
WASHINGTON CROWN CENTER
1500 W Chestnut Street, Washington PA 15301

VENDOR REGISTRATION FORM

Must be returned by **Friday, August 15** for promotional purposes.

Final deadline: **Friday, September 5**

REGISTRATION INFORMATION

☐ Yes, we will participate ☐ No, we will not be participating ☐ Please remove us from your mailing list

Organization: _____

Non-Profit? ☐ Yes ☐ No

Contact Person: _____

If Non-Profit, ID #: _____

Address: _____

Phone: _____

Email: _____

Would you prefer future communication via email? ☐ Yes ☐ No

TABLE REQUEST

Table prices below are for **For-Profit Organizations**. Electrical access is limited to those conducting screenings, first come, first serve. Payment must be made prior to participation. We will do our best to accommodate special requests, if possible. Table assignments are at the discretion of the co-hosts only.

Table quantity: ☐ 1 Table - \$50 ☐ 2 Tables - \$75 ☐ 3 Tables - \$100 ☐ Other*: _____

**Additional tables will be an additional \$25/table; maximum of 6 tables per organization*

Do you need electricity? ☐ Yes ☐ No If yes, you must supply your own 20-foot heavy duty extension cord

Will you be providing screenings? ☐ Yes ☐ No If yes, nature of screening: _____

Vendors are requested to **bring a door prize**. When choosing a door prize, please be mindful of its size and ease of travel; many older adults will be traveling with county transportation where space is limited. On the day of the event, bring ALL your tickets, with winner's name attached, to the stage area by 1 PM.

VENDOR REGISTRATION SUBMISSION

Registration and payment must be returned by **Friday, August 15** to be included in promotional materials.

Final deadline for registration and payment is **Friday, September 5**.

Check payable to: "SWPA Area Agency on Aging"

Remit to:

SWPA Area Agency on Aging
ATTN: Robbie Spaziani
305 Chamber Plaza
Charleroi, PA 10522

Non-profit organizations can email their
completed form to: rspaziani@swpa-aaa.org

Thank you for your participation! By registering for this event, you acknowledge that your agency is responsible for any necessary liability coverage for the participation and/or service demonstration provided.

Registrant Authorized Representative

Date