

2017 SMALL BUSINESS and ENTREPRENEURIAL EXPO

SUNDAY, OCTOBER 15, 2017

2:00PM-7:00PM

1691 Main Street, Bridgeport, CT 06604 203-260-7955 hcora@optonline.net

Your invited to our first expo, bringing together businesses and organizations giving opportunity to:

*ESTABLISH NEW CONNECTIONS *BROADEN YOUR REACH

*STEP UP VISIBILITY *EXHIBIT PRODUCT OR SERVICES

*CONNECT WITH COMMUNITY *DEMONSTRATION OPPORTUNITY

*INCREASE YOUR EFFECTIVENESS *"BEST BOOTH" WINS FREE REG. NEXT YEAR

*NETWORK! NETWORK! NETWORK!

<u>Keynote Speaker: Lillie Ennis</u> Physical Therapist, Exercise Physiologist, Clinical Coordinator, founder of The Lillie Ennis Group, co owner of Sibling Music, President of the Junior Women's Club of Fairfield, VP for Alpha Community Shelter Services, Coordinator of Hoop Dream Hunger Charity, Breast Cancer Awareness Walk and Norma Pfriem Breast Cancer Center, advocate for women's empowerment, a motivational speaker "I'd rather be exhausted by Success than rested by mediocrity." *Lillie Ennis*

SPONSORSHIP LEVELS

Platinum Sponsor \$1000

Sponsor of "Mambo Powers Up Expo"
Website and social media promotion
Premium full page program advertisement
Event recognition, exhibit location choice,
Exhibition 2 tables, 2 chairs, linen
Opportunity to conduct a informational presention

Silver Sponsor \$500

Sponsor of "Sazon Savories"
Website and social media promotion
Half page program advertisement
Exhibition 1 table, 2 chairs, linen

Gold Sponsor \$750

Sponsor of "Mambo Champagne Welcome" Website and social media promotion Premium full page program advertisement Event recognition Exhibition 1 table, 2 chairs, linen

Bonze Sponsor \$250

Sponsor of "Sazon Team Entertains You" Website and social media promotion Quarter page program advertisemnet Exhibition 1 table, 2 chairs, linen

Vendor/Organization Exhibitor Non Profit per table \$50, Vendor/Business per table \$75

PROGRAM AD BOOK

Center Pages(2) \$200 Inside Front or Inside Back Cover \$175 Outside Back Cover \$150 Full Page \$125 Half Page \$100 Quarter Page \$75 Business Card \$50

SCHEDULE OF EVENTS

1:00PM Booth Set Up
2:00-7:00PM Expo
2:00PM Registration
3:00PM Champagne Welcome
4:00PM Platinum Sponsor Presentation
5:00PM Keynote Speaker
6:00PM Live Entertainment



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VENDOR FORM

Reserve your spot by filling this form and mailing it with your payment no later than September 22nd.

Name		_
Company		_
Address		
CityStat	teZip	_
PhoneEmail		_
Make checks payable to SazonyMambo by S	September 22 nd . If paying by c	redit card complete the following:
VISA Mastercard Discov	er AMEX	
Account Number	Expiration D	Date//
Print Cardholders Name	AuthorizedSignate	ure
List specials you will be promoting at your bettee event and drawing participants to your be	ooth.	
Will you be having givaways/samples Item description		
Will you be selling any products at yo Item description		
Each busness is encouraged to donate a itemI will be donating a item for the guest Item description	gift bag or raffle	
I will not be donating a item for the gu		



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SPONSOR AGREEMENT FORM

Sponsorship Level	Platinum \$1000	Gold \$750	Silver \$500	Bronze \$250
Make checks payable t	to SazonyMambo by Se	ptember 3 ^{rrd.} If pay	ying by credit card	complete the following:
VISAN	MastercardDi	scover	_AMEX	
Account Number		Expi	ration Date/_	/
Print Cardholders Nan	ne	Authorized	l Signature	
Name		Tit	le	
Company				
Mailing Address				
City		_State	Zip	
Phone		Fax		
Email				
Website				
event sponsor level. Sp promotional activities	ponsor gives SazonyMa	mbo permission to oo. We agree to ab	o use its name, logo ide by the Fair term	ns and conditions as they
Sionature		Date		



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PROGRAM AD BOOK FORM

AD CHOICE Center Page (2) \$200 Inside Front or Back Cover \$175 Outside Back Cover \$150 Full Page \$125 Half Page \$100 Quarter Page \$75 Business Card \$50 Special Instructions	Use the space below to layout the message or submit 'CAMERA READY' ad via email to
exact size. All fonts must be embedded to ensure Name Company	
Adress	
CityState	Zip
PhoneEmail	
Make checks payable to SazonyMambo by Septe	ember 22 nd . If paying by credit card complete the following:
VISAMastercardDisco	overAMEX
Account Number	Expiration Date/
Print Cardholders Name	Authorized Signature