



2024 Commercial Exhibitor Agreement Matthews Alive Inc.

This agreement made and entered into on this ____ day of _____ 2024, by and between **MatthewsAlive Inc.** herein after referred to as "Festival" and _____ herein after referred to as "Exhibitor".

- Commercial Exhibitor (choose):**
- ___ **\$2000 for a 10x10 space** (\$210Z w/ cc)
 - ___ **\$3\Z0 for a 10x20 space** (\$3^X] w/ cc)
 - .. **\$5YZ0 for a 10x30 space** (\$5264 w/ cc)

Festival will provide the following deliverables in exchange for the fee:

- Exhibitor logo included on Festival website (matthewsalive.org), linked to Exhibitor's website/landing page.
- 10 x _____ exhibit space in Exhibitor/Sponsor Area (Trade Street) to be used for promotion, marketing and giveaways. (Single outlet electricity will be provided by Festival)
- Weekend access to Sponsor Hospitality Area (2) and/or access to remote snack/drink kiosk.
- Parking Passes for festival (1)

Additional Terms:

- No third-party products, services, or organizations, please. Exhibitor listed in this agreement must be the organization represented in the display space at all times.
- Display space staff must be mindful of other exhibitor space; do not cross the street to market, stay within your footprint and only slightly in front of your footprint as common sense would allow. Amplified sounds must be kept to a minimum. No cash raffles permitted.
- Describe the activities you will be implementing in your display space:

Exhibitor will pay a sponsorship fee of \$_____ and will provide the following services to the Festival:

- Exhibitor website (for linking): _____
- High resolution company logo in .jpeg and/or .eps format by email to lamoore@matthewsnc.gov.
- Staff an interactive promotional exhibit for Saturday/Sunday of the festival, and promote the events to clients, mailing lists, etc as appropriate.
- Bring tent and display pieces as needed for exhibit, weighted for inclement weather.

Sponsor Initial _____

Event Dates: Aug 30-Sept 2, 2024.

Hours: Friday 6-10pm, Saturday 10am-10pm, Sunday 1pm-10pm, Monday 9am-5pm

This agreement shall be for the 2024 Matthews Alive Festival, for one year/one event.

Exhibitor fees due June 30, 2024. Please make checks payable to Matthews Alive Inc.

Mail to: Matthews Alive Festival
Attn: Lee Anne Moore
100 McDowell St.
Matthews, NC 28105

Or pay by credit card, which will incur an additional processing fee. Circle one: VISA MC

Card number: _____

Exp: _____ CV Code _____ Space fee amount to charge: \$ _____ (see page 1 for cc totals)

Undersigned/Exhibitor confirms reservation for exhibitor space at Matthews Alive 2024, acknowledges and agrees to the terms of this contract. Undersigned/Exhibitor shall in no way hold Matthews Alive! Festival, Inc. liable for accidents or claims which may occur as a result of participation in this event, and hereby releases and waives any and all rights, claims, or causes of action it may have against Matthews Alive! Festival Inc., its officers, employees, and volunteers, for personal injury, death or other damage that may occur as a result of participating in this event. Further the Undersigned/Exhibitor agrees to save and hold harmless Matthews Alive! Festival Inc. from any and all claims or suits alleging personal injury, loss, and/or property damages that may occur as a result of participating in this event.

If Exhibitor cancels this agreement less than 21 days from the event date, Exhibitor will forfeit the full amount of the sponsorship fee and any pre-payments.

Festival reserves the right to terminate this agreement for any reason. If Festival terminates this agreement more than 21 days before the event date, or because of pandemic restrictions, Festival will return the deposit and any prepayments in full within 30 days.

If Festival terminates this agreement for just cause 21 days or less before the event date, or during the event, Festival reserves the right to determine what, if any, portion of sponsorship fees will be returned within 30 days.

Undersigned authorizes Festival to charge the credit card account number listed above for the stated space fee amount to charge plus a 3% credit card processing fee.

Exhibitor Authorized Printed Name: _____

Signature: _____

Title _____ Date _____

Company: _____

Attn: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Festival Authorized Printed Name: Lee Anne Moore

Signature: *Lee Anne Moore*

Date: 1/1/24

Title: Executive Director

Matthews Alive Festival

PO Box 2578

Matthews, NC 28106

(100 McDowell Street, 28105)

lamoore@matthewsnc.gov

704-708-1261