



PORTFEST 2015 SPONSOR/EXHIBITOR APPLICATION AND AGREEMENT

Agreement made this _____ day of _____, 2015 between Helping Enrich the Arts of Port Washington Inc. ("HEARTS") and _____ ("Sponsor/Exhibitor")

CONTACT INFO:

Organization Name: _____

Primary Contact: _____ Title: _____

Address: _____

Work Tel: _____ Mobile Tel: _____

Email: _____ Web Site: _____

***RATES:**

<input type="checkbox"/> Presenting Sponsor: \$10,000 <input type="checkbox"/> Platinum Sponsor: \$ 5,000 <input type="checkbox"/> Gold Sponsor: \$ 2,500 <input type="checkbox"/> Silver Sponsor: \$ 1,500	<input type="checkbox"/> Bronze Sponsor: \$ 500 <input type="checkbox"/> Lead Concession Vendor: \$ 600 <input type="checkbox"/> Concession Vendor: \$ 350 <input type="checkbox"/> Community Group Exhibitor: \$ 75 <i>(Suggested Contribution)</i>
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**See "PortFest 2015 Sponsorship Opportunities" information sheet for sponsor/vendor/exhibitor package details.*

EXHIBITION INFORMATION TO BE PROVIDED:

****Tent/Canopy:** 10'x10' _____ 15'x15' _____ 20'x20' _____
***Tent/Canopy only provided to Platinum, Diamond, Premier & Presenting Sponsors; 10x10' Canopies are available online for \$69.99 and up*

Furnishings: # Tables _____ # Chairs _____

Electricity (Purpose): _____

Water (Purpose): _____

Products/Activity (If Applicable): _____

Additional Information: _____

*****Artwork:** Advertisers and exhibitors must provide Logo, Company Description and Display Ad Artwork in **.jpg, .pdf, or .gif format; min. 300 dpi size and email to: program@heartspw.org by **April 16, 2015.****



EVENT DETAILS:

1. **Event Name:** PortFest 2015 Music, Arts and Community Festival
2. **Place of Engagement:** Schreiber South Field, One Campus Drive, Port Washington, NY 11050
3. **Date & Hours of Engagement:** Saturday, May 16, 2015 11am to 5pm (*Rain or Shine*)
4. **Time of Arrival:** Unloading by 9:00am; Set-Up by 10:00am; Breakdown & Cleanup by 6:00pm
5. **Exhibition Area:** HEARTS will provide designated areas and map of exhibitors. Sponsor/Exhibitor is responsible for clean up of exhibit area at the end of the festival.
6. **Equipment:** Sponsor/Exhibitor is responsible for any necessary labor, materials, supplies (e.g. fixtures, supplies, extension cords, tarps, ropes, staple guns, tie wraps etc.) that they may need to operate their exhibit.
7. **Tents:** Sponsor/Exhibitor shall provide tent/canopy up to 10' x 10' at their own discretion and expense. HEARTS can only provide tent/canopy to Platinum, Diamond, Premier & Presenting Sponsors as specified on the "PortFest 2015 Music, Arts and Community Festival - Sponsor, Vendor & Exhibitor Information" form.
8. **Furniture:** HEARTS shall provide Sponsor/Exhibitor with display table(s) and chair(s) to the extent possible as specified on the "PortFest 2015 Music, Arts and Community Festival - Sponsor, Vendor & Exhibitor Information" form.
9. **Cancellations:** No cancellations or refunds less than **30 days** prior to the event.
10. **Payment:** Application and full payment of \$ _____ is due upon signing by **April 16, 2015**.

*****IMPORTANT*****

This original form must be signed and returned to HEARTS by e-mail to info@heartspw.org, via Fax (516)279-5727 or by mail to **HEARTS of PW, PO Box 1192, Port Washington, NY 11050-1192** indicating your understanding of the application and agreement terms with full payment by **April 16, 2015** to prepare an event map and guarantee your placement at the festival.

Hold Harmless and Indemnity Clause:

Sponsor/exhibitor, its officers, members and employees shall, through the signing of this document by an authorized party or agent, indemnify, hold harmless and defend HEARTS of Port Washington, PortFest, Port Washington Union Free School District and, the Towns of North Hempstead, Port Washington, their agents and employees from all liability, judgments, suits, costs and actions, including attorneys' fees and all costs of litigation of every kind and description brought or rendered against said parties as a result of loss, damage, or injury to persons (including death) or property by reason of any act or failure to act by the Sponsor/Exhibitor, its officers, members, and employees.

This constitutes the sole, complete and binding agreement between the parties hereto:

Name of Representative for HEARTS/PortFest

Signature of Representative for HEARTS/PortFest

PO Box 1192

Address

Port Washington, NY 11050-1192

City, State, Zip

(516) 472-2699

Main Telephone Number

(516) 279-5727

Fax Number

Mobile Number

Name of Sponsor/Exhibitor

Signature of Representative for Sponsor/Exhibitor

Address

City, State, Zip

Main Telephone Number

Fax Number

Mobile Number