

NOVA Simcha Expo 2012



**VENDOR
INFORMATION**

Bar/Bat Mitzvah • Wedding

We are excited to offer you the opportunity to build your milestone's celebration business (Bar/Bat Mitzvah, weddings, Sweet 16, anniversaries, etc.)! The 2012 Simcha Expo will take place Sunday, March 18, 2012 from 11am-3pm at the Jewish Community Center of Northern Virginia (JCCNV).

ALL VENDORS:

- The Simcha Expo is free and open to the public from 11am-3pm. Vendors must arrive no later than 10am at the JCCNV located at 8900 Little River Turnpike, Fairfax, VA 22031.
- Space will be reserved outside the gym for you to unload.
- If you indicate on your registration form that you need electrical power at your table, an outlet will be provided.
- Please register upon arrival and you will be directed to your table(s). You will be provided two chairs.
- Vendors receive a listing/description in the event program book and are also able to purchase an ad if desired (see attached registration form).
- Every attendee will receive a welcome bag to be used to collect information about your business or service. The bag will be a standard trade show tote, so please keep that in mind when preparing your take-away materials or items.
- Light breakfast will be available free of charge to all vendors from 10am-noon.
- This event will be advertised throughout the Jewish community, bulletines, newspaper listings, social media and banners. We highly encourage all vendors to post the Expo on your website, Facebook, Twitter and any other method you use to advertise to the community.

FOOD VENDORS:

- Caterers who are VAAD-supervised (DC, MD, NoVA), can offer dairy or pareve samples. All other vendors may offer packaged food with the following hechshers: O-U, Star-K, etc., DAIRY/PAREVE only.

ENTERTAINMENT VENDORS:

- If you would like to be showcased during the Expo (perform, DJ, dancers, games, etc.) please contact Laurie Albert, see below for contact information.

If you have any additional questions or concerns, please contact Laurie at LauraA@jccnv.org or call (703) 537-3064.

We look forward to welcoming you to the Jewish Community Center of Northern Virginia on March 18, 2012!



Jewish Community Center of Northern Virginia
8900 Little River Turnpike • Fairfax, VA 22031
www.jccnv.org • Phone: (703) 323-0880 • Fax: (703) 323-1993



GESHER
Jewish Day School
gesher-jds.org



The Jewish Federation
OF GREATER WASHINGTON | Northern
Virginia
www.shalomnova.org



Northern Virginia's Premier Simcha Expo

Sunday, March 18, 2012 • 11am-3pm

Host: Jewish Community Center of Northern Virginia (JCCNV)
 8900 Little River Turnpike, Fairfax, Va 22031
 (703) 323-0880

Registrant: All registrations are due by February 20, 2012. Items in BOLD will appear in the program book.

Contact person: _____ Title: _____

Company name (as it will appear in the program book): _____

Street address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____ **Website:** _____

Fax #: _____

Program Book listing: Please provide 50 words or less describing your business or service. Consider including an offer or discount for attendees.

Please check below the items you would like to reserve.

Description	Fee
<input type="checkbox"/> \$125 Standard registration if received by Jan. 17. (includes: one 6' table, 2 chairs, table cloth and program book listing)	\$ _____
<input type="checkbox"/> \$150 if received after Jan. 17.	\$ _____
<input type="checkbox"/> \$50 each additional 6 foot table	\$ _____
Advertisement	\$ _____

- \$50 Business card, 3.5" wide x 2.0" high
- \$75 Quarter page, 2.25" wide x 3.75" high
- \$100 Half page, 5" wide x 3.75" high
- \$180 Full page, 5" wide x 8" high

Electrical Power needed at table (no charge)

TOTAL AMOUNT DUE: \$ _____

Payment

If paying by check, please make payable to JCCNV and mail to: Simcha Expo, JCCNV, 8900 Little River Turnpike, Fairfax, VA 22031.
 Credit card registrations may be faxed to (703) 323-1993 or scanned and emailed to LaurieA@jccnv.org.

- Check or money order payable to JCCNV enclosed.
- Please charge my: Visa MasterCard American Express

Card number: _____ Expiration date: _____ Security Code: _____

Billing address (required):

Street address: _____ City: _____ State: _____ Zip: _____

Signature: _____ Print name: _____