

# HEALTH CENTER BREAKFAST 2018

Company \_\_\_\_\_

Company Contact \_\_\_\_\_

Contact's Phone \_\_\_\_\_

Contact's Email \_\_\_\_\_

**Event Date**

Sept. 18, 2018

**Event Time**

7:30 to 9 a.m.

**Event Location**

Embassy Suites - Oklahoma Health Center

Chamber staff will make contact to discuss specific trade details prior to event.  
Trade is subject to final approval by the Chamber.

**CHAMBER provides the following benefits:**

- Receive one table of ten
- Receive preferred seating
- Recognized on event signage (name)
- Recognized on event screens (name)
- Recognized in printed program (name)

**SPONSOR agrees to provide:**

- Adequate sound system for 500 attendees
- Podium and podium mic
- Wireless handheld mics, if needed
- Ability to record the event (video and audio) and deliver file digitally to the Chamber
- Pre-recorded introductions
- Bumper music, as needed
- Two projection screens and projection system
- Pipe and drape behind stage
- AV tech on site during the event
- Adequate staff for delivery, setup and teardown of AV equipment

\*Audio visual needs are subject to change based on venue and specific program needs.  
By signing below, I agree to this sponsorship on behalf of company listed above.

Company Representative Printed Name \_\_\_\_\_

Company Representative Signature **X** \_\_\_\_\_ Date \_\_\_\_\_

Rep. Phone Number \_\_\_\_\_ Email \_\_\_\_\_

**CHAMBER OFFICE USE ONLY**

Vice President, Membership \_\_\_\_\_ Date \_\_\_\_\_

Division Vice President Accepting Expense \_\_\_\_\_ Date \_\_\_\_\_

Affected Department Manager \_\_\_\_\_ Date \_\_\_\_\_

Approved by Trade Team  Approved Contract Sent to Company