

HEALTH CENTER BREAKFAST 2018

Company _____

Company Contact _____

Contact's Phone _____

Contact's Email _____

Event Date

Sept. 18, 2018

Event Time

7:30 a.m. to 9 a.m.

Event Location

Embassy Suites - Oklahoma Health Center

Chamber staff will make contact to discuss specific trade details.
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)
- Recognized on invitation (logo)

SPONSOR agrees to provide:

- \$2,000 in printing services, including:
 - 1,700 4-color process folded invitations
 - 1,700 envelopes printed with return address and indicia
- Deliver printed materials to pre-determined mailhouse or Chamber office

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