

STATE OF HEALTH 2019

Company _____

Company Contact _____

Contact's Phone _____

Contact's Email _____

Event Date

May 2019

Event Time

11:30 a.m. to 1:30 p.m.

Event Location

Cox Convention Center

Trade is subject to final approval by the Chamber.

CHAMBER provides the following benefits:

- Receive one table of eight
- Receive preferred seating
- Recognized on event screens (logo)
- Recognized on event signage (logo)
- Recognized in program (logo)
- Recognized on invitation (logo)
- Receive one exhibitor table

SPONSOR agrees to provide:

- \$3,000 in printing services, including:
 - 6,000 4-color process folded invitations
 - 6,000 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 _____ 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