

# 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 two tickets
- Recognized on printed invitation envelope (name)
- Recognized on event signage (name)
- Recognized on event screens (name)
- Recognized in program (name)

**SPONSOR agrees to provide:**

- \$1,000 worth of mailing services for up to 2,000 invitations with envelopes
- Deliver any leftover printed materials to Chamber offices

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