



SPONSOR FACT SHEET

FACES OF BUSINESS | QUARTERLY EVENT

Q1 – MARCH 15 | Q2 – MAY 24 | Q3 – SEPTEMBER 20 | Q4 - NOVEMBER 28

	PRESENTING SPONSOR		EVENT SPONSOR	
	*WHOLE YEAR	INDIVIDUAL EVENT	*WHOLE YEAR	INDIVIDUAL EVENT
PRICE	\$4,500 (save \$300)	\$1,200	\$2,200 (save \$200)	\$600
EVENT TICKETS	4 Tickets/ Event		2 Tickets / Event	
PRESS RELEASE	- Sponsorship level and full company name identified on each press release			
COMPANY LOGO	- Logo displayed on each event banner under appropriate sponsor title			
	- Logo exclusively on side of table top tent		- Logo displayed on table top tent	
DISPLAY TABLE	- Table provided at premium location		- Table provided to each sponsor	
ANNOUNCEMENT	- Individually recognized		- Company name recognized	
	- Podium time (3 Minutes) at event		- - - -	

*ONLY ONE PRESENTING SPONSOR RECOGNIZED AT EACH EVENT

*DISCOUNT ONLY APPLIES WHEN PAID IN FULL

Complete this form and submit it with your company logo no later than **THREE WEEKS** before the event to confirm your sponsorship and to guarantee all sponsorship level benefits.

Submit form to **Marina DiNovi** at:
 mdinovi@gloucestercountychamber.com
 856-881-6560 ext. 203

Or mail form to the chamber office:
 205 Rowan Boulevard
 Glassboro, NJ 08028

Please select the desired sponsorship level

- | | |
|--|--|
| <input type="checkbox"/> Whole Year Presenting Sponsor (4 events) | <input type="checkbox"/> Whole Year Event Sponsor (4 events) |
| <input type="checkbox"/> Single Event Presenting Sponsor (1 event) | <input type="checkbox"/> Single Event Sponsor (1 event) |

COMPANY NAME: _____

CONTACT PERSON: _____

COMPANY ADDRESS: _____

PHONE #: _____ EMAIL: _____ DATE: _____

You will receive an invoice for the identified sponsorship level

Please select the preferred method of payment

- | | | |
|--------------------------------------|--|--------------------------------|
| <input type="checkbox"/> Credit Card | <input type="checkbox"/> Online | <input type="checkbox"/> Check |
| Card No. _____ | Enter Member Portal HERE | Send check to the chamber |
| Exp. Date _____ CSC _____ | Credit Card PayPal | office, address info above |

Chamber Tax Identification #22-3786798

Thank you for your support and sponsorship!