



SPONSOR FACT SHEET

TOWN SPOTLIGHT SERIES | QUARTERLY EVENT

Q1 - FEBRUARY 7 | Q2 - MAY 2 | Q3 - AUGUST 1 | Q4 - NOVEMBER 7

	PRESENTING SPONSOR		EVENT SPONSOR	
	*WHOLE YEAR	INDIVIDUAL EVENT	*WHOLE YEAR	INDIVIDUAL EVENT
PRICE	\$5,000 (save \$300)	\$1,500	\$3,500 (save \$200)	\$1,000
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			
DISPLAY TABLE	- Logo exclusively on side of table top tent		- Logo displayed on table top tent	
ANNOUNCEMENT	- Table provided at premium location		- Table provided to each sponsor	
PROGRAM BOOK	- Individually recognized - Podium time (3 Minutes) at event		- Company name recognized - - - -	
	HALF PAGE AD Width: 4.5 inches Height: 7.5 inches Color – No Bleeds		LOGOS STACKED Color	

*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) |

EVENT DATE: _____

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

Chamber Tax Identification #22-3786798

Thank you for your support and sponsorship!