

Healthy Living Expo



Saturday, Sept. 16, 2017 • 10:00 AM - 2:00 PM • Americal Civic Center, Wakefield, MA 01880

VISIBILITY OPPORTUNITIES

Corporate Name: _____

Contact Name: _____

Address: _____

Telephone: _____

Email: _____

PLEASE SIGN US UP AS:

- Title Sponsor (2 Opportunities)
- Business Sponsor (5 Opportunities)

TITLE SPONSOR
\$2,500
(2 Opportunities)

BUSINESS SPONSOR
\$500
(5 Opportunities)

Corporate name/logo on all event materials & signage.	X <i>Top of page.</i>	X <i>Bold listing bottom of page.</i>
Corporate name included in all press releases and chamber publicity.	X	X
Corporate name/logo on all promotional materials placed in local businesses & public places.	X <i>Top of page.</i>	X <i>Bottom of page.</i>
Photo opportunities before, during and after event.	X	X
Exhibitor Table/chairs included.	X 2 tables	X 1 table
"Passport" book visibility and ads.	X <i>Front cover placement & inside cover 1/2 page ad.</i>	X <i>Front cover placement</i>

Complete & return Form with payment by AUGUST 7 to ensure participation.
Sponsorships will be assigned on a first come basis.

Mail to: Wakefield Lynnfield Chamber of Commerce, P.O. Box 585, 5 Common Street, Wakefield, MA 01880

Email to: Info@WakefieldLynnfieldChamber.org

Enclosed is my check for: \$ _____ made payable to: "Wakefield Lynnfield Chamber of Commerce"

Paying by check. I authorize you to charge \$ _____ to my VISA or Mastercard acct: # _____
Expiration date (mm/yyyy) _____ Security code: _____