

For Staff Use Only	
Date Received	Booth Number



Company Information Sheet

Company Name:		
Contact Name:		
Address:		
City:	State:	Zip:
Email:		Website:
Phone:		Fax:

Sponsorship

- ☐ Platinum Sponsor \$1500 ☐ Gold Sponsor \$1000 ☐ Silver Sponsor \$750
☐ Bronze Sponsor \$250 ☐ Booth Sponsor \$75

Other Sponsorship Opportunities

- ☐ Box Lunch Sponsor \$2000 ☐ T Shirt Sponsor \$500 ☐ Vendor Bag Sponsor \$500
☐ Lunch and Learn Class Room Sponsor \$150
☐ Marketing materials only ☐ Would like to provide a speaker

Additional Marketing Opportunities:

I would like to provide:

- ☐ Door Prize(s) (to be given out during the Lunch and Learn presentations)
☐ Other _____

Lunch

Each booth will receive two (2) complimentary box lunches. All additional lunches may be purchased for \$10 a piece.

Will you need electric hook up? ☐ Yes ☐ No (First come first serve)

Please check all that your organization will represent

- | | | |
|--|---|---|
| <input type="checkbox"/> Assisted Living | <input type="checkbox"/> Travel Agency | <input type="checkbox"/> Non-Profit |
| <input type="checkbox"/> Attorney | <input type="checkbox"/> Medical Supply | <input type="checkbox"/> Outpatient Rehab |
| <input type="checkbox"/> Financial Services | <input type="checkbox"/> Senior Residence | <input type="checkbox"/> Realtor |
| <input type="checkbox"/> Funeral Home | <input type="checkbox"/> Insurance | <input type="checkbox"/> Personal Care |
| <input type="checkbox"/> Medical Home Health | <input type="checkbox"/> Caregivers | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Home Improvement | <input type="checkbox"/> Hospital | <input type="checkbox"/> Physician Office |
| <input type="checkbox"/> Hospice | <input type="checkbox"/> Skilled Nursing Facility | <input type="checkbox"/> Other _____ |

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Company Sponsorship Agreement

Company Name:		
Contact Name:		
Address:		
City:	State:	Zip:
Email:	Website:	
Phone:	Fax:	

Sponsorship

- | | | | |
|--------------------------|------------------|--------|----------|
| <input type="checkbox"/> | Platinum Sponsor | \$1500 | \$ _____ |
| <input type="checkbox"/> | Gold Sponsor | \$1000 | \$ _____ |
| <input type="checkbox"/> | Silver Sponsor | \$750 | \$ _____ |
| <input type="checkbox"/> | Bronze Sponsor | \$250 | \$ _____ |
| <input type="checkbox"/> | Booth Sponsor | \$75 | \$ _____ |

Other Sponsorship Opportunities

- | | | | |
|--------------------------|------------------------------------|--------|----------|
| <input type="checkbox"/> | Box Lunch Sponsor | \$2000 | \$ _____ |
| <input type="checkbox"/> | T Shirt Sponsor | \$500 | \$ _____ |
| <input type="checkbox"/> | Vendor Bag Sponsor | \$500 | \$ _____ |
| <input type="checkbox"/> | Lunch and Learn Class Room Sponsor | \$150 | \$ _____ |

Lunch

- | | | | |
|--------------------------|----------------------|------|----------|
| <input type="checkbox"/> | Additional Lunch Box | | |
| | Quantity _____ x | \$10 | \$ _____ |

Total Contribution	\$ _____
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All proceeds will benefit the Newberry County Council on Aging

Please make checks payable to: Newberry County Chamber of Commerce (Memo: Expo)
Mail to: Newberry County Chamber of Commerce, PO Box 396 Newberry, SC 29108

For more information contact Christine Milling, Tri County Home Health and Hospice
cmilling@msa-corp.com or (803) 767-5165