

For Staff Use Only	
Date Received	Booth Number



Company Information Sheet

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	<input type="checkbox"/> Marketing materials only <input type="checkbox"/> Would like to provide a speaker	

Additional Marketing Opportunities:

I would like to provide:

<input type="checkbox"/> Door Prize(s) (to be given out during the Lunch and Learn presentations)
<input type="checkbox"/> 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	\$ _____
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<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	\$ _____
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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