



# 48th Annual Awards Dinner Wednesday, March 29th at 6pm

The Castleton Banquet & Conference Center  
58 Enterprise Dr., Windham, NH  
\$50 per person

## Sponsorship / Advertising Agreement

Business/Organization Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Email: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Attendee Names: \_\_\_\_\_

### Sponsorship Opportunities:

\_\_\_\_\_ **Platinum Sponsor** \$2,000

- Dinner for 8 guests (full table) with optimal seating
- Full Page Color, Back Cover Ad in Program Book
- Company Logo in all advertising & marketing
- Company Banner display & recognition at the event
- Three month web ad on chamber website

\_\_\_\_\_ **Executive Sponsor** \$1,000

- Dinner for 8 guests (full table) with optimal seating
- Full Page Color Ad in Program Book
- Company Logo in all advertising & marketing
- Company Banner display & recognition at the event

\_\_\_\_\_ **Corporate Sponsor** \$750

- Dinner for 6 guests with optimal seating
- Half Page Color Ad in Program Book
- Company banner display & recognition at event
- Company name in all advertising & marketing

\_\_\_\_\_ **Supporting Sponsor** \$500

- Dinner for 4 with optimal seating
- Half Page Color Ad in Program Book
- Company name in all advertising & marketing

### Advertising Options in the Evening Program Book:

\_\_\_\_\_ Inside Front Cover Full Page Full Color Ad  
(7" h x 4.5" w) \$300

\_\_\_\_\_ Inside Back Cover Full Page Full Color Ad  
(7" h x 4.5" w) \$300

\_\_\_\_\_ Full Page Full Color Ad  
(7" h x 4.5" w) \$200

\_\_\_\_\_ Half Page Full Color Ad  
(3.5" h x 4.5" w) \$100

Please submit ads by March 15th via email to  
info@hudsonchamber.com in PDF or JPG format.

\_\_\_\_\_ Attendee (s) for dinner \$50 per person.

For questions or more information call (603) 889-4731.

### Payment Information:

**Check:** Please make check payable to Gr. Hudson Chamber of Commerce

**Or Credit Card** (Visa or MasterCard Accepted):

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CCV #: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Amount to charge: \$ \_\_\_\_\_

Address of Cardholder (Street/City/State/Zip): \_\_\_\_\_

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Fax to (603) 889-7939 or email: info@hudsonchamber.com

Or send this form to: Gr. Hudson Chamber of Commerce, 71 Lowell Road, Hudson NH 03051 ~ For Questions call (603) 889-4731