



2018 Holiday Party

Tuesday, December 18, 2018

5:00 pm - 8:00 pm

at

La Luna

60 Browns Race (High Falls)

Rochester, NY 14614

Ticket Reservations and Sponsorship Opportunities

Register online at www.GreeceChamber.org, call (585) 227-7272, or scan/fax this form to Sue@GreeceChamber.org.

Name: _____ Company/Organization: _____

Phone: _____ E-Mail: _____

Event Ticket(s):

Member:

\$10 x _____

Total = _____

Non-Member:

\$20 x _____

Total = _____

Sponsorship Packages (Respond December 11, 2018):

☐ Presenting \$500

☐ Platinum \$250

☐ Gold \$100

Sponsorship Opportunities

Sponsorship Benefits	Presenting Sponsor	Platinum Sponsor	Gold Sponsor
	\$500	\$250	\$100
Advertising and Publicity			
Business recognized on web, email & print	✓	✓	✓
Business recognized on event sponsor sign	✓	✓	✓
Business name and logo featured	✓	✓	
Link to business website	✓		
Constant Contact Email Blasts (1,500+ Subscribers)			
Business name and logo featured	✓	✓	✓
Link to business website	✓	✓	
Headline placement logo prominently displayed	✓		
Event Webpage and Social Media			
Business name and logo featured	✓	✓	✓
Link to business website	✓	✓	
Headline placement logo on event page	✓		
Radio Advertising on Business Voice WYSL			
30-second ad broadcast 2x	✓	✓	
Interview on Business Voice Radio Program	✓		
Complimentary Email Blast			
1 dedicated complimentary email blast	✓		
Complimentary Event Tickets			
8 guests	✓		
4 guests		✓	
2 guests			✓

(Please see reverse side for payment information)



Moving Business Forward

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Payment Information

Sponsorship forms along with payment may be mailed to the Greece Regional Chamber of Commerce, 2402 West Ridge Road, Rochester, NY 14626, faxed to (585) 227-7275 with payment by phone at (585) 227-7272, or emailed to Sue@GreeceChamber.org. Payment may be made by check, Visa, MasterCard, Discover, or American Express. Checks should be made out to the **Greece Regional Chamber of Commerce**.

Name: _____ Company/Organization: _____

Billing Address: _____

Phone: _____ E-Mail: _____

☐ Check included (Check # _____ for \$ _____)

☐ Charge My Credit Card # _____

Circle one: Visa / MasterCard / Discover / AmEx Exp. Date: _____ Sec. Code _____ Zip Code: _____

Signature: _____ Date: _____

Please Note: All payment must be received prior to the event.