



Moving Business Forward

# 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](http://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: \_\_\_\_\_ Non-Member: \_\_\_\_\_

\$10 x \_\_\_\_\_ \$20 x \_\_\_\_\_

Total = \_\_\_\_\_ 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
<b>Advertising and Publicity</b>			
Business recognized on web, email & print	✓	✓	✓
Business recognized on event sponsor sign	✓	✓	✓
Business name and logo featured	✓	✓	
Link to business website	✓		
<b>Constant Contact Email Blasts (1,500+ Subscribers)</b>			
Business name and logo featured	✓	✓	✓
Link to business website	✓	✓	
Headline placement logo prominently displayed	✓		
<b>Event Webpage and Social Media</b>			
Business name and logo featured	✓	✓	✓
Link to business website	✓	✓	
Headline placement logo on event page	✓		
<b>Radio Advertising on <i>Business Voice</i> WYSL</b>			
30-second ad broadcast 2x	✓	✓	
Interview on <i>Business Voice</i> Radio Program	✓		
<b>Complimentary Email Blast</b>			
1 dedicated complimentary email blast	✓		
<b>Complimentary Event Tickets</b>			
8 guests	✓		
4 guests		✓	
2 guests			✓

(Please see reverse side for payment information)



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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.**