



115 East Gray Street  
 Norman, OK 73069  
 Tel. (405) 321-7260  
 Fax (405) 360-4679  
 www.normanchamber.com

## TRC 2018

Volunteer \_\_\_\_\_

<b>Office Use Only:</b>	Member ID _____	Password _____
Check No. _____	Packet Sent _____	CC Assist _____

# SPONSORSHIP CONTRACT

### Company Information

Company Name \_\_\_\_\_

Event Contact\* \_\_\_\_\_

Email \_\_\_\_\_

Company Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Approved by (please print) \_\_\_\_\_

Approved by (please sign) \_\_\_\_\_ Date \_\_\_\_\_

*\*Event contact will receive all event-related communications and materials*

### Sponsorship Information

Name of Sponsorship	Sponsorship Level	Amount

Total \_\_\_\_\_

By signing above, I agree, on behalf of the company listed above, to provide written notice to the Norman Chamber of Commerce of cancellation of any or all of the above sponsorship(s) at least two (2) months prior to the date of the sponsored event.

This contract is not complete until it has been reviewed and accepted by the Chamber. Once accepted, I will receive a copy of the contract signed by the Chamber staff.

**NO REFUND WILL BE ISSUED FOR CANCELLATIONS WITHIN TWO (2) MONTHS OF THE EVENT. PAYMENT IS DUE 30 DAYS PRIOR TO EVENT DATE.**

### PAYMENT INFORMATION

Cash  Check  Visa  Mastercard  Am. Ex.  Discover  Invoice Me (I understand payment is due 30 days prior to event date)

*Please make checks payable to "Norman Chamber of Commerce"*

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_

Billing Address \_\_\_\_\_

Signature \_\_\_\_\_

Billing Preference:  By Event  One-Time Payment **GRAND TOTAL** \_\_\_\_\_

### CHAMBER OFFICE USE ONLY

Vice President, Member Services and Sales \_\_\_\_\_ Date \_\_\_\_\_

# SPONSORSHIP CONTRACT

## Instructions

1. Verify the purchasing company is a current member of the Chamber.
2. Please print or type all information.
3. Indicate the event/activity and year of the sponsorship.
4. Complete the section on the company. The event contact will receive all event-related materials whereas your designated billing representative will receive the event invoice. Please make sure to list the appropriate person's name and phone number. Make sure address is where correspondence is to be sent.
5. Have the appropriate person approve the agreement by printing and signing his/her name. Please note that the person authorized to approve the agreement may be different from the event contact, who receives all related materials.
6. A letter of confirmation of the sponsorship/event will be sent to the company.

**Please complete the contract in full.**