



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

TRC 2019

Volunteer _____

| | | |
|-------------------------|-------------------|-----------------|
| Office Use Only: | 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 |
|---------------------|-------------------|--------|
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| | | |

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.