

MEMBERSHIP 101

LEARN ABOUT THE BENEFITS OF YOUR CHAMBER MEMBERSHIP

Sponsorship Commitment Form

Name of Company _____

Contact Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Email _____

Signature _____ Date _____

Sponsorship

(Please check the box for which workshop you would like to sponsor.)

January 24, 2018	\$500	<input type="checkbox"/>
April 18, 2018	\$500	<input type="checkbox"/>
July 25, 2018	\$500	<input type="checkbox"/>
October 17, 2018	\$500	<input type="checkbox"/>

Payment

Amount Due \$ _____ Payment Enclosed

VISA MasterCard

Card Number _____ Expiration Date _____

Name on Card _____

Please make checks payable to The Conway Chamber of Commerce

Please return entire form with payment to:

Conway Chamber of Commerce
Attention Sydney Lawson
P.O. Box 831
Conway, SC 29528

All sponsorship requests must be approved by the Conway Chamber of Commerce. Sponsorship opportunities are only available to current members. Please contact the Chamber at 843.248.2273 if you have any questions.