



# Greece Chamber of Commerce's 2016 Health Fair

Saturday, April 2, 2016

10:00am – 1:00pm

Greece Arcadia Middle School Gymnasium, 130 Island Cottage Road

Sponsorship Benefits	Presenting Sponsor	Platinum Sponsor	Gold Sponsor	Silver Sponsor	Bronze Sponsor
	\$3,500	\$1,300	\$600	\$300	\$150
<b>Event Sponsor Sign</b>					
Business name and logo featured	✓	✓	✓	✓	✓
<b>Health Fair Website and Social Media</b>					
Business name featured	✓	✓	✓	✓	✓
Link to business website	✓	✓	✓	✓	
Business logo displayed	✓	✓	✓		
Headline logo banner on Health Fair page	✓				
<b>Constant Contact Email Blasts (1,500 Subscribers)</b>					
Business name and link featured	✓	✓	✓	✓	
Business logo prominently displayed in all Health Fair email blasts	✓				
Promotional spot in future electronic announcement email blast		✓			
Dedicated future email blast	✓				
<b>Health Fair Advertising and Materials</b>					
Business name and logo	✓	✓	✓		
Link to Business Website	✓	✓			
<b>Health Fair Program Book</b>					
Business name and logo featured	✓	✓			
Business name and logo on front cover	✓				
Half page ad in program book		✓			
Full page ad on inside front cover	✓				
<b>Health Fair Event</b>					
Naming rights and corporate name recognition in all publicity	✓				
Business name and logo on event banner	✓				
Complimentary showcase table at event	✓				

Please complete this form and return to Sue Edgett at the Greece Chamber no later than **March 21<sup>st</sup>**.

Sponsorship forms along with payment may be mailed to the Greece Chamber of Commerce, 2402 West Ridge Road, Greece, 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, or Discover. Checks should be made out to the **Greece Chamber of Commerce**.

Sponsorship commitments received after March 11, 2016, will **not** be included in signage, print and early promotional materials.

Name: \_\_\_\_\_ Company/Organization: \_\_\_\_\_

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

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Presenting \$3,500

Please invoice

Platinum \$1,300

Check included (Check # \_\_\_\_\_)

Gold \$600

Charge My Credit Card # \_\_\_\_\_

Silver \$300

Circle one: Visa / MasterCard / Discover    Exp. Date: \_\_\_\_\_    Sec. Code \_\_\_\_\_

Bronze \$150

**Note: All payments must be received prior to April 2, 2016.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_