

About the Event:



The Chamber's Feature Networking Event which showcases the hosting Partner's business: Business after Hours is held from 4:30-6:30 (normally on a Thursday) where attendees come-and-go with open networking. This venue provides the perfect opportunity for the sponsor to be "The star of the show!" for 80-150 Partners!

Sponsorship available:



Program Sponsor
\$600

Sponsorship includes the following: Logo on postcard invite the month of sponsored event (mailed to over 1,200 Partners), name on website (*event & calendar pages*), and sponsor information sent with e-newsletter to all Partners.

Sponsor responsibilities:

- Provide venue to support 80-150 people
- Arrangements for overflow parking if applicable. (Alternate parking location(s) should be shared with Chamber staff so that it can be communicated when marketing the event.)
- While this is a Chamber event, hosts have options in how they 'show off' their establishment. Food, drink and entertainment are key ingredients in showcasing the host, and therefore are encouraged, although not mandatory.

Optional program features for sponsor:

- Food (typically heavy hors d'oeuvres)
- Adult beverages
- Music/entertainment
- Decorations, floral arrangements, etc.
- Free drawings, door prizes, gifts for attendees, etc.

Chamber responsibilities:

- Sends postcard invitations to all Partners
- Markets event through e-newsletter to all Partners highlighting the host business
- Chamber staff provides RSVP and checks-in service for attendees at front door
- Collects business cards from attendees and give to sponsor at end of event as a record of those who attended

Contact Genie Davis for more information at (903) 792-7191 or gdavis@texarkana.org.



Sponsorship Agreement

Program Sponsor \$600

NOTE: For your company logo to be used by the Chamber for marketing the Business after Hours, it must be submitted at least four weeks in advance and in one of the following formats to Genie Davis, gdavis@texarkana.org : JPEG, GIF, PNG.

Date of event: _____

Sponsor Business Name: _____

Contact Name: _____ **Phone:** _____

Alternate Contact: _____ **Phone:** _____

Address: _____

Fax: _____ **Email:** _____

Program Sponsor Signature

Today's Date

**Genie Davis, Partnership Development Director
Texarkana Chamber of Commerce**

Today's Date

Payment options (select one):

- Check Make payable to Texarkana Chamber of Commerce
Mail to: 819 N State Line Avenue, Texarkana USA 75501
- Credit Card Number _____ Type of Card _____
Name on card _____ Expiration date _____
- Invoice me Send to _____ Address _____

Date payment received: _____