



# SPONSORSHIP CONTRACT

Charlotte Chamber  
P.O. Box 20103, Charlotte, NC 28202  
charlottechamber.com

DATE \_\_\_\_\_

## THIS SPONSORSHIP IS AUTHORIZED BY

MR. OR MS. COMPANY REPRESENTATIVE

COMPANY

ADDRESS

CITY

STATE

ZIP

TELEPHONE

FAX

EMAIL

## COST AND PAYMENT TERMS

100% of payment is due upon receipt of contract

SPONSORSHIPS COST \$ \_\_\_\_\_

I HEREBY WARRANT THAT I HAVE READ THIS AGREEMENT AND ITS CONDITIONS  
AND THAT I FULL POWER AND AUTHORITY TO SIGN FOR THE AFORENAMED FIRM.

SIGNATURE OF COMPANY REPRESENTATIVE\*

REPRESENTATIVE'S TITLE

## REQUIRED: SIGNATURES

VOLUNTEER

VOLUNTEER TEAM (PLEASE PRINT)

APPROVED CHAMBER DIVISION REPRESENTATIVE

## REQUIRED: INVESTOR RELATIONS MANAGER SIGNATURE

INVESTOR RELATIONS MANAGER

INVESTOR RELATIONS MANAGER (PLEASE PRINT)

## SPONSORSHIP AGREEMENT

SPONSORSHIP EVENT OR PROGRAM NAME

SPONSORSHIP LEVEL

SPONSORSHIP COST

## REQUIRED: ADDITIONAL INFO

EVENT/TICKET CONTACT AT COMPANY

EMAIL

TELEPHONE

ART CONTACT AT COMPANY

EMAIL

TELEPHONE

## METHOD OF PAYMENT

CHECK - PAYABLE TO CHARLOTTE CHAMBER

PLEASE BILL MY: MC VISA AMEX

OTHER

EXACT NAME ON CARD

ACCOUNT NUMBER

EXPIRATION DATE

SECURITY CODE

CREDIT CARD BILLING ADDRESS (IF DIFFERENT)

CITY

STATE

ZIP

SIGNATURE

