



# BUSINESS AFTER HOURS

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REQUIRED APPLICATION

DATE RECEIVED \_\_\_\_\_  
(For Office Use)

BUSINESS NAME \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ TELEPHONE NO: \_\_\_\_\_

DATE REQUESTED \_\_\_\_\_ EVENT HOURS: \_\_\_\_\_ LOCATION SQUARE FOOTAGE: \_\_\_\_\_

EVENT LOCATION (MUST BE ABLE TO ACCOMMODATE A MINIMUM OF 50 PEOPLE):  
\_\_\_\_\_

DESCRIBE SPECIAL ACTIVITIES/DRAWINGS, ETC. WHICH WILL TAKE PLACE DURING THE EVENT \_\_\_\_\_  
\_\_\_\_\_

\_\_\_ We agree to the requirements outlined for the host in the Guidelines and have attached a check for the **\$250 hosting fee.**

\_\_\_ We will purchase an ad in the Chamber Network Magazine (**reserved in advance** (Contact Nicole to confirm)

\_\_\_ We will purchase a dedicated email to be scheduled prior to our event for **\$150.** (Contact Jamie to schedule)

\_\_\_ We will purchase a banner ad in Chamber Monday Email Blast prior to our event for **\$50/each.** (Contact Jamie to schedule)

\_\_\_ We request to use the Chamber's PA system to welcome/thank/introduce

\_\_\_ We would like a set of membership mailing labels (no cost to host)

\_\_\_ We want the Chamber to shoot a video to use on FB to invite and promote the event

\_\_\_ We would like the Chamber to provide name tags for those attending (no cost to host)

\_\_\_ We would like the Chamber to provide the fishbowl for door prize drawing

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

**\*\*This application must be completed and returned with the host fee to guarantee your date selected.**

**\*\*Fee MUST be paid at the time the application is submitted.**

**\*\*3 months cancellation notice must be given to receive a refund of host fee.**

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#### FOR CREDIT CARD PAYMENTS:

Cardholder Name \_\_\_\_\_ Phone # \_\_\_\_\_

VISA/MC//DISC Account # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_ CVV \_\_\_\_\_

*I hereby authorize the Effingham County Chamber to use my credit card for this purchase.*

Please return to:

**Effingham County Chamber, Attn: Jamie Niemerg, PO Box 643, Effingham, IL 62401**