

APPLICATION

BUSINESS NAME			
CONTACT PERSON		PHONE #	
DATE REQUESTED	EVENT HOURS	LOCATION SQUARE FOOTAGE	
EVENT LOCATION (MUST	BE ABLE TO ACCOMMODATE	A MINIMUM OF 50 PEOPLE)	
DESCRIBE SPECIAL ACTI	VITIES/DRAWINGS, ETC. WHIC	H WILL TAKE PLACE DURING THE EVENT	
We agree to the host re	equirements and \$250 hosting fe	ee as outlined in the BAH Guidelines*	
We will purchase an ac	d in the quarterly Chamber Netwo	rk Magazine (contact Nicole to reserve)	
We will purchase a dec	dicated email to be scheduled prid	or to our event for \$150 (contact Nicole to schedule)	
We will purchase a bar	nner ad (website & e-blast) prior t	o our event for \$175 (contact Nicole to schedule)	
We will provide a video	invite to be shared on the Cham	ber's social media accounts (contact Nicole to schedule)	
We would like a set of	membership mailing labels (no co	ost to host)	
We request to use the	Chamber's PA system to welcom	e/thank/introduce	
We would like the Cha	mber to provide name tags for the	ose attending (no cost to host)	
We would like the Cha	mber to provide the fishbowl for d	oor prize drawing	
unless your policy does not	cover it. Host company must prov	udes host liquor liability. There should be no additional cost ride a Certificate of Host Liquor Liability to the Chamber from hris Tingly with Tingley Insurance Agency at (217) 342-3637	
SIGNATURE		DATE	
		e your date selected (payment via check or credit card). be given to receive a refund of host fee.	

Please return application by email to JNiemerg@EffinghamCountyChamber.com or:

Effingham County Chamber Attn: Jamie Niemerg PO Box 643, 903 N Keller Dr. Effingham, IL 62401

Checks made payable to Effingham County Chamber. Invoices will be created for credit card payments.