## BUSINESS AFTER HOURS

BUSINESS NAME:			
CONTACT PERSON:  DATE REQUESTED:  EVENT LOCATION:	PHONE #: TIME: SQ FT:		
		List any special activities or drawings that will happen during	g the event:
		We agree to the following:	We would like the Chamber to provide:
Host fee of \$250	PA system		
BAH host requirements (refer to BAH guidelines)	☐ Name tags		
Application & hosting fee must be paid to secure your BAH date.	Fish bowl for door prize drawing		
A three-month notice is required to receive a refund should you need to cancel.			
We would like to purchase the following:			
Dedicated e-blast (included in BAH fee)			
☐ Video invite shared on the Chamber's social media (incl	uded in BAH fee)		
Membership mailing labels (included in BAH fee)			
Network Magazine ad (printed March, June, Sept. & Dec	c rate based on ad size)		
Monthly banner ad on the Chamber website & weekly e	e-blasts (728px x 200px - \$100)		
Please return application by email to Michelle Markham or mail to: Effingham County Chamber PO Box 643; 903 N Keller Drive Effingham, IL 62401 Checks made payable to:	EFFINGHAM COUNTY CHAMBER		
Effingham County Chamber	/ UNAMBER		

MMARKHAM@EFFINGHAMCOUNTYCHAMBER.COM (217) 342-4147

**CONTACT MICHELLE MARKHAM** 

Signature: \_\_

Date:

Invoices will be created for credit card payments.