



Luncheon Sound Off \$35

Company: _____

Contact: _____

Address: _____ City/State/Zip: _____

Phone: _____ Fax: _____

E-mail: _____ Website: _____

MONTH PREFERENCE: _____

(Only 3 available per month)

***Required - Name/Title of the person who will be presenting the Sound Off:**

- An opportunity to market your business to 150+ businesses at our General Membership Luncheon
- Luncheon held the third Tuesday of each month
- One minute to speak at the podium
- Total price to be invoiced or charged includes the Luncheon at \$30 (unless you have prepaid for Luncheons) for a **total of \$65**

Total Cost: \$ _____

Method of Payment:

- Invoice me
- Check (made payable to the Cy-Fair Houston Chamber of Commerce)
- Credit Card: MasterCard Visa American Express Discover

Name on Card: _____ Card #: _____ Exp Date: _____

Billing Address on Card: _____ CVV: _____

Authorized Signature: _____