



Host for Networking Breakfast or Business After Hours

Date of Event: _____

Location: _____

Company: _____

Contact: _____ Phone: _____

Street Address: _____

City/State/Zip: _____

E-mail: _____ Website URL: _____

- | | | |
|--------------------------|-----------------------------|---|
| <input type="checkbox"/> | Networking Breakfast | 8:00 am 2nd Tuesday monthly |
| <input type="checkbox"/> | Business After Hours | 5:00 pm 4th Wednesday quarterly |

- **Host provides location (ample space and seating for 50+ people), food and refreshments**
- **An opportunity to market your business to 50+ business guests**
- **2 – 3 minutes to introduce your business**
- **Company name and hyperlink on Chamber calendar website**
- **Company name listed as host on weekly calendars prior to the event**
- **Distribution of company literature at event**