



CHAMBER CONTRACT AGREEMENT



Company or Organization Name: _____

Contact Name: _____ Contact Phone: _____

| | |
|-----------------------|------------------|
| Item/Team/Booth _____ | Amount: \$ _____ |
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| Item/Team/Booth _____ | Amount: \$ _____ |
| Total: \$ _____ | |



All sponsorships must be paid in full prior to the event or nature of the sponsorship. Payment plans may be available for larger sponsorships. Contact the Ozark Chamber for more details.

Sponsors, please provide a high resolution graphic of your logo to Ozark Chamber at info@ozarkchamber.com, preferably a PNG format with a clear background.

Sponsorships are reserved for members only. Certain sponsorships are subject to change due to the nature of the event. No refunds are allowed once committed due to the sponsorship will be removed from inventory and not offered to other members.

Authorized Signature: _____ Date: _____

By signing this document, I am agreeing on behalf of my organization, I am authorized decision maker and agree to pay for the above items and agree to the Ozark Chamber of Commerce terms.