



Elected Official's Reception

Wednesday, January 20th, 2010

Glenway Country Club

Sponsorship Confirmation Form

Organization Name : _____

Contact Name : _____

Phone Number : _____

e-mail address: : _____

Billing Address : _____

Town/Postal Code : _____

Sponsorship level : _____

Signature of authorized representative:

Preferred Method of Payment:

Invoice Visa/Master Card

Please note the full sum of the Sponsorship must be received 60 days before the event.

Visa/MC Card Number: _____ Expiry Date: _____

Name on Card: _____

Please list any additional elements to your Sponsorship as agreed upon by yourself and the Chamber. _____
