**Logo, company name

Description automatically generatedLenoir County**

**Chamber of Commerce**

**Business After Hours Host Agreement**

**Date of Event:**

**Host(s):**

**Event Address:**

**Contact Person:**

**Contact Phone:**

**Contact Email:**

My name and date verifies that I have read the attachment and understand the arrangements described

and agree to them.

**Host name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date :**

**Schedule:**

**2-4 Weeks Prior to Event e**mail the following information to **sbartlett@kinstonchamber.com**

Host logo’s

Approximately 150-word story of host(s) (Include history, interesting information, pricing/packages

available, etc. This will be used in the email to membership and in program insert)

Contact Chamber staff with questions and concerns

**One Week Prior to Event**

Secure door prizes. (2-3 door prizes valued at $10-20 are typically offered.) If your business has logoed

items (umbrellas, cups, magnets, coupons, etc.) they make fun giveaways as well.

Provide name of host representative(s), including title, to speak during program.

Approve program

**Please contact Sarah Bartlett at 252-527-1131or email to sbartlett@kinstonchamber.com with any questions or concerns.**

For office use only

Chamber President: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lenoir County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Board Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ambassadors: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City of Kinston: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_