



“CHAMBER MIXER” APPLICATION

MEMBER NAME: _____

STREET ADDRESS: _____

CITY: _____

CONTACT PERSON: _____ PHONE: _____

HAS YOUR FIRM PREVIOUSLY HOSTED A CHAMBER MIXER? YES ____ NO ____

WILL YOU BE THE SOLE HOST? _____. IF NOT, WHO WILL CO-HOST THE MIXER WITH YOU? _____

ADDRESS WHERE YOU INTEND TO HOLD THE CHAMBER MIXER: _____

DATE UPON WHICH YOU WOULD LIKE TO SPONSOR A CHAMBER MIXER (2ND OR 4TH TUESDAY FROM 5PM TO 7PM): _____

YOU, AS THE MIXER HOST WILL PAY THE CHAMBER A \$100.00 NON-REFUNDABLE FEE TO COVER THE COST OF:

- **CREATING AND DISTRIBUTING 400 PROMOTIONAL FLYERS**
- **POSTING THE FLYER ON OUR WEBSITE**
- **POSTING THE EVENT ON OUR CALENDAR**
- **A REMINDER EMAIL BLAST TO THE MEMBERSHIP**
- **A FOLLOW-UP ARTICLE IN THE VOICE OF BUSINESS NEWSLETTER IN THE ARGUS INCLUDING A PICTURE OF THE EVENT**

PLEASE ATTACH A CHECK TO THIS FORM (OR CALL WITH A CREDIT CARD) AND RETURN IT TO THE CHAMBER TO SECURE YOUR MIXER DATE.

APPLICANT'S SIGNATURE

TODAY'S DATE