Grand Rapids Area Chamber of Commerce

2011-12 BUSINESS EXCHANGE LUNCHEON

Sponsored by

NORTHWOOD UNIVERSITY

EXPO TABLE REGISTRATION

FAX OR EMAIL BACK AT LEAST TWO WEEKS PRIOR TO THE EVENT

CONTACT Wesley Trimpe 616.771.0342 | FAX 616.771.0318 | EMAIL trimpew@grandrapids.org

LOGISTICAL INFORMATION

Set-up Time: 10:45 a.m. – 11:25 a.m.
Event Time: 11:30 a.m. – 1:00 p.m.

Cost: Expo Table – $50.00 **plus** Lunch –$18.00 per person Prepayment is required. Cash, checks and credit accepted.

WHAT YOU RECEIVE

Exposure: Expected attendance is 125.

Table: One 6-8 ft. skirted table. Table locations are first come, first choice.

Attendee List: A list of all attendees to the event is included with your table and will be sent afterwards for you to use in your networking.

Materials: As an exhibitor you may distribute materials (pamphlets, brochures, pens, etc) to place settings. Only expo table participants are allowed to do so.

Raffle Prize(s): For more exposure, you are encouraged to donate a raffle prize, please drop the item(s) off at the registration area when you arrive. Please do not provide your own drawing box at your table. A list of attendees will be sent to you after the event.

Please circle all dates applicable:

Sept. 8	Davenport University (Lettinga Campus)	Feb. 9	Glendevon Meeting & Banquet Center
Oct. 13	Davenport University (Lettinga Campus)	March 8	Thousand Oaks Golf Course
Nov. 10	Celebration Cinema North	April 12	Thousand Oaks Golf Course
Dec. 8	Celebration Cinema North	May 10	Stonewater Country Club
Jan. 12	Glendevon Meeting & Banquet Center	June 14	Stonewater Country Club

REGISTRATION

Company: (must be a current Chamber member in good standing)

Phone:

Main Registrant:

Email: (for confirmation)

Guest:

Guest:

Registration & Cancellation Policy: Registration and prepayment of events is required and guarantees a reservation. Cancellations less than two working days prior to the event will not receive a refund. No shows will be billed.

Preferred Payment Method (Please note that prepayment is required):

❑ Check ❑ MC/Visa/Discover ❑ American Express Total Amount Due: $ _____

Card Number: _____ Exp. Date: _____

Name on Card: _____ Signature: _____

Credit Card Billing Address: