



ADVERTISING AGREEMENT

DATE: _____

NAME OF ITEM(S) PURCHASED OR NAME OF SPONSORSHIP:

(Chamber Sales Representative: Describe Purchase in Box Below):

IF THIS IS A SPONSORSHIP, SPONSORSHIP PACKAGE INCLUDES:

DATE EFFECTIVE: _____

EXPIRATION DATE: _____

COST: _____ **PAID:** _____

Method of Payment:

Circle One: Visa MC Check # _____

Card #: _____ Exp. Date: _____

Chamber Rep: _____

Name of Business Making Purchase : _____

Company Representative: _____ **Phone:** _____ **Fax:** _____

300 Salem Street Chico, CA 95928 (530) 891-5556 fax: 891-3613

www.chicochamber.com