

Chamber Luncheon Worksheet

Date of Event: _____ Location of Event: _____
Start Time: _____ Contact Person: _____
End Time: _____ Phone: _____ Date Facility Reserved: _____
 Luncheon is part of another Chamber event. Name of Event: _____
Event Chair: _____ Phone: _____ Date Reviewed with Chair: _____

Sponsor

Company: _____
Contact: _____
Phone: _____
Email: _____
Sponsorship Amount: \$ _____
Date Contacted: _____
By: _____ How: _____
Sponsorship Includes:
 5 Minute Presentation
 Distribute Company Literature
Other: _____

To Be Completed By Office Staff

Date Invoiced: _____
Payment Received: _____

List Other Sponsors on the Back

Presenter

Name: _____
Phone: _____
Email: _____
Date Contacted: _____
Fee: _____ (if applicable)
Bio & Photo Received: _____
Equipment Needs:
 Podium Easel Microphone
 Laptop DVD Projector
 Other: _____

To Be Completed By Office Staff

Date Paid: _____
Amount Paid: \$ _____
Method of Payment: _____

Caterer

Company: _____
Contact: _____
Phone: _____
Email: _____
Cost Per Person = \$14 Tax & Tip Inclusive
Meals must include 2 sides, drink & dessert
Number: _____ Date Ordered: _____
By: _____ How: _____
Deposit Required? Yes No
If Yes, Date Due: _____
Other: _____

To Be Completed By Office Staff

Date Paid: _____
Amount Paid: \$ _____
Method of Payment: _____