

**Chesapeake Gateway Chamber of Commerce**  
**A Night for Laughter, Legacy and Leadership**  
**January 25, 2024, Hilton Garden Inn White Marsh**

| Sponsor Benefits   | Event Sponsorships |          |          |        |        |            |
|--|--------------------|----------|----------|--------|--------|------------|
| A Night for Laughter, Legacy and Leadership                                | Titanium           | Platinum | Gold     | Silver | Bronze | Advertiser |
|  | \$5,000+           | \$2,500+ | \$1,200+ | \$600+ | \$300+ | \$70/\$125 |
| Title sponsor status with industry exclusivity                             | ◇                  |          |          |        |        |            |
| Name on Wall of Recognition in Chamber lobby                               | ◇                  |          |          |        |        |            |
| Opportunity to speak   | ◇                  |          |          |        |        |            |
| Opportunity to assist with award presentations                             | ◇                  |          |          |        |        |            |
| Reserved VIP table   | ◇                  | ◇        |          |        |        |            |
| Name on Chamber website event page with link to sponsor website            | ◇                  | ◇        |          |        |        |            |
| Banner displayed on site (you provide banner)                              | ◇                  | ◇        |          |        |        |            |
| Name on news release for sponsored event                                   | ◇                  | ◇        | ◇        |        |        |            |
| Name on Chamber website event page   | ◇                  | ◇        | ◇        | ◇      |        |            |
| Name on flier for sponsored event  | ◇                  | ◇        | ◇        | ◇      |        |            |
| Recognition by MC at event   | ◇                  | ◇        | ◇        | ◇      |        |            |
| Special name tag for sponsored event                                       | ◇                  | ◇        | ◇        | ◇      |        |            |
| Name prominently displayed on event signage                                | ◇                  | ◇        | ◇        | ◇      | ◇      |            |
| Prominent listing in the program   | ◇                  | ◇        | ◇        | ◇      | ◇      |            |
| Ad in program (varies in size based on sponsorship level)                  | ◇                  | ◇        | ◇        | ◇      | ◇      |            |
| Tickets (varies in quantity based on sponsorship size and price of ticket) | ◇                  | ◇        | ◇        | ◇      | ◇      |            |
| Tickets included   | 8                  | 8        | 6        | 4      | 2      |            |
| Program ad size  | Full               | Full     | Full     | Half   | Half   | Half/Full  |

\* Advertisements: Half page color ad in program (4 ¾" wide X 3 ½" high); Full page color ad in program (4 ¾" wide X 7 ¾" high)  
Please email a high resolution, color, electronic copy (JPEG or TIFF, **not PDF**) of your ad to sharon.kihn@chesapeakechamber.org with Program Ad in the Subject Line by December 31, 2023. Sponsors with half page ads can upgrade to full page ad for additional \$50.

\*\* Tickets: Please register under the correct sponsorship at [www.chesapeakechamber.org/event-5519935](http://www.chesapeakechamber.org/event-5519935)

Please remit payment for sponsorship or ad copy by **December 31**. Checks should be made payable to Chesapeake Gateway Chamber of Commerce and sent to Program Committee, Chesapeake Gateway Chamber of Commerce, 415 Williams Court, Suite 102, Middle River, MD 21220 (Please designate Sponsorship on the check.) To pay by credit card, please register at [www.chesapeakechamber.org/event-5519935](http://www.chesapeakechamber.org/event-5519935) or fill out the form below and email to sharon.kihn@chesapeakechamber.org.

Company Name \_\_\_\_\_ Contact Name \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Sponsorship Level \_\_\_\_\_ Payment Amount \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV Code \_\_\_\_\_

Billing Address \_\_\_\_\_