



SPONSORSHIP REGISTRATION FORM

CONTACT INFORMATION

Business Name: _____

Contact Name: _____

Business Address: _____

Business Website: _____

Contact Email Address: _____

Contact Phone Number: _____

SPONSORSHIP INFORMATION

Please list the event you are interested in sponsoring: _____

Please indicate the level of participation you are interested in: _____

Cost of sponsorship level: _____

Extra costs, if applicable: _____

Total cost of sponsorship: _____

PAYMENT INFORMATION

Thank you for choosing to sponsor an event hosted by the Greater Sandpoint Chamber of Commerce. Please submit this form along with payment to the following address. Please make checks payable to the Greater Sandpoint Chamber of Commerce.

Greater Sandpoint Chamber of Commerce
Attention: Communications Manager
Post Office Box 928 | 1202 Fifth Avenue
Sandpoint | ID | 83864

Please contact the Chamber Communications Manager with any questions or concerns at 208.263.2161 or info@sandpointchamber.com.