



Kentucky Chamber

KENTUCKY
TAX Summit

January 24-25, 2019
Hilton Lexington Downtown

SPONSORSHIP OPPORTUNITIES



KENTUCKY TAX Summit

Sponsor Opportunities

Presenting Sponsor	\$5,000	Exclusive
Gold Sponsor	\$3,500	Two available
Silver Sponsor	\$2,500	Six available

Sponsors Benefits	PRESENTING \$5,000	GOLD \$3,500	SILVER \$2,500
Logo on pre-event promotional items	X		
Pre-event recognition in the Chamber's bi-weekly e-newsletter, <i>Bottom Line</i>	X		
Post-event recognition in the Chamber's printed newsletter, <i>Kentucky Chamber News</i>	X		
Opportunity to provide a giveaway item during opening session	X		
Opportunity to present a three-minute overview of your company and introduce a speaker/panel (prioritized by sponsorship level and date of sponsorship confirmation)	X	X	
Logo included on the conference web page and press releases	X	X	
Podium recognition of sponsor level	X	X	X
Logo on event signage and printed materials	X	X	X
Networking opportunities during breakfast, breaks and lunch	X	X	X
Ad and company listing included in event materials	Full-pg. ad	Half-pg. ad	Qtr.-pg. ad
Complimentary event registration for your staff and/or clients	10	5	3
Post-event list of attendees made available after event (includes address & phone)	+ email	+ email	X

*Join the Kentucky Chamber Contact our membership sales team at 502-695-4700 or membership@kychamber.com.

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Sponsor Opportunities

REGISTRATION INFORMATION Please print:

Mr. Ms.

Prefix Name Title

Company/Organization

Street address

City State Zip

Phone Fax E-mail address

PLEASE SELECT ONE OF THE FOLLOWING INVESTMENT OPPORTUNITIES Available to Kentucky Chamber members only

- Presenting Sponsorship (Exclusive) \$5,000 Kentucky Chamber member
 Gold Sponsorship (2 available) \$3,500 Kentucky Chamber member
 Silver Sponsorship (6 available) \$2,500 Kentucky Chamber member

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REGISTRATION OPTIONS

Phone Jim Ford 502-848-8726	Fax 502-695-5051	E-mail jford@kychamber.com	Mail Kentucky Chamber 464 Chenault Road Frankfort, KY 40601
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METHOD OF PAYMENT

- Check # _____ enclosed. Payable to: Kentucky Chamber of Commerce
 Please bill my company. PO # _____ (not required)
 Please charge to my Visa Mastercard Am Express

Cardholder's name Cardholder's signature (required)

Card number Expiration date 3- or 4-Digit security code

*I understand that by providing the phone, fax number and e-mail information above on behalf of the person/company/organization specified above, I am authorized to and hereby consent for the person/company/organization to receive communication by or on behalf of the Kentucky Chamber of Commerce.

The Kentucky Chamber of Commerce reserves the right to, at its sole discretion, refuse any advertising. Due to the fact that sponsorships are limited, upon acceptance of your registration no refunds will be granted.