

Greater Harrisburg Association of REALTORS®
Commercial Council
2016 Sponsorship Request Form

I am interested in sponsoring a Commercial Council Breakfast meeting in 2016. I have read and understand the responsibilities expected of a sponsor and agree to these terms. I have indicated the dates for which I would like to be considered: *(Please check all dates that apply.)*

- | | |
|---|--|
| <input type="checkbox"/> Thursday, April 7 <i>(speaker required)</i> | <input type="checkbox"/> Thursday, November 3 |
| <input type="checkbox"/> Thursday, May 5 | <i>(networking format required)</i> |
| <input type="checkbox"/> Thursday, September 1
<i>(speaker required)</i> | <input type="checkbox"/> Thursday, December 1
<i>Choice of breakfast OR lunch event</i> |

Please indicate which breakfast format you would be willing to host (check both if willing to do either format; please note that two breakfast meetings require speakers – April and September):

- Speaker Format Networking Format (no speaker)

Please indicate if you are willing to provide exhibit tables for attendees to reserve: YES NO
(If you are willing to provide tables, attendees will be able to reserve half of a six-foot table to showcase their services and/or listings at no charge. The first 30 minutes of the event will be a networking period when attendees may visit exhibit tables to learn about the exhibitors' services.)

If you also would consider sponsoring other events, please indicate which ones:

- Social
 Lunch-and-Learn
 Other *(please suggest an idea):* _____

The Commercial Council will notify companies regarding sponsorship assignments by September 2015.

NOTE: Failure to return information requested regarding speakers and sites by the deadline may result in the sponsorship being transferred to another sponsor by GHAR. Follow deadlines! You may not transfer your sponsorship to another entity within your company or to another company without prior permission from the Greater Harrisburg Association of REALTORS®.

Sponsor Company Name(s): _____

Mailing Address: _____

Individual Contact: _____ Phone: _____

Fax: _____ Email: _____

For consideration, return form no later than August 31, 2015.

GHAR, 424 N. Enola Drive, Suite 1, Enola, PA 17025
Fax – (717) 364-3206 Email – lauren@ghar.info