SPONSORSHIP BENEFIT LEVELS







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THANK YOU FOR YOUR SUPPORT



I. Contact Information

Name:								
Company Name:	<u> </u>							
Company Websi	ite:		Phone:_	Phone:				
Email:								
	media handle(s) (for promot							
II. Event								
O HEALTH CAR	RE CAREER DAY FEB. 27	Gold	Silver	Bronze	Supporter			
III. Payment Ty	уре							
Visa	Mastercard	_ American Expre	ess Send Ir	nvoice Che	ck / Send to:			
All credit card pay	ments will be charged a 3% c	onvenience fee.			Missouri Chamber PO Box 1155 Jefferson City, MO 65102-0149			
Please charge m	ny card: \$				65102-0149			
Card Number: _			Security Code:	Expiration Date:	(MM/YY):			
Cardholder's Na	me:							
Signature:								
Cardholder's Ad	dress:		City:	State:	Zip:			

In collaboration with





