



EVENT AGREEMENT

Event Name: Business Exchange & Small Business Awards Luncheon
Event Date: Wednesday, June 2, 2010 (Business Exchange: 9 ó 11 am)
Location: Town and Country Resort, 500 Hotel Cir N, San Diego, CA 92108

Today's Date: _____ **Federal Tax ID** 95 -1184680
Company Name: _____ **Chamber Member:** YES/ NO
Main Contact: _____ **E-mail:** _____
Address: _____
Phone: _____ **Fax:** _____

Business Exchange Tabletop Benefits:

- 6-foot tabletop for information display
- Two admissions to the [Small Business Awards Luncheon](#)
- Company listed in Exhibitor section of Event Program and webpage
- Company listing in the Exhibitor Profile Booklet

100% Tax Deductible Investment

- June 2nd Business Exchange Event: \$299 Total**
- Save \$150 by signing up for two Business Exchanges now! (June 2nd & October 2010): \$399 Total**

Terms and Conditions:

I hereby certify that the information I have entered is true and correct. I agree to all of the Terms and Conditions as specified and have the authority to authorize this agreement on behalf of this organization.

I agree and accept the conditions and payment obligations outlined within this event agreement and I agree to pay the invoice when rendered within the terms stated on the invoice.

I understand that all cancellations must be in written from the person who signed the booking form (or other legal representative) and will commence from the date the cancellation notice was received by the San Diego Regional Chamber of Commerce Events Department. In the event of cancellation the following charges (below) will become payable:

| | |
|------------------------------------|------------------------|
| 30 - 59 days before event date | 50% of Committed Fees |
| 16 - 29 days before event date | 75% of Committed Fees |
| 15 or fewer days before event date | 100% of Committed Fees |

By: _____ Title: _____ Date: _____

Payment:

Please make checks payable to: San Diego Regional Chamber of Commerce
402 West Broadway, Suite 1000, San Diego, CA 92101

I will send a check Please send my invoice by mail Please send my invoice by email

Credit Card Please check one: Visa MasterCard AMEX Discover

Name on Card: _____ Card Number: _____

Exp. Date: _____ Zip _____ Signature: _____

Duffy O'Neil
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