



2008 Business-to-Business Expo

Sponsored by  University Hospitals
Bedford Medical Center

Presented by the Nordonia Hills Chamber of Commerce
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THURSDAY, OCTOBER 16, 2008, 4:00 – 7:00 PM
GAMBITTA'S PARTY CENTER

Registration Deadline: October 1, 2008

Cancellations after October 1, 2008 will be responsible for \$100 of the registration fee.

Participation Level	Newspaper Ad (W x H)	Chamber Newsletter Ad	Exhibitor Table*	Year-Long Logo Link on Chamber Website	Year-Long Tagline on Chamber Website	Member Rate	Non-Member Rate
<input type="checkbox"/> Audition	1 11/16" x 2"					\$100	Not Available
<input type="checkbox"/> Spotlight			YES			\$175	\$225
<input type="checkbox"/> Red Carpet	3 1/2" x 2"	1/4 page	YES	YES		\$250	Not Available
<input type="checkbox"/> Premiere	3 1/2" x 5"	1/2 page	YES	YES	YES	\$400	Not Available

*Includes a covered 8' table (or equivalent space), chairs, signage, promotion and attendee list.

Yes, I would like electricity for an additional \$15.00. Yes, I would like a digital list of attendees for an additional \$10.00.

All exhibitors are requested to bring a door prize.

A LA CARTE ADVERTISING

NHCOC Members Only

<input type="checkbox"/> Name on Banner – Hung at Gambitta's Party Center the week before the Expo Only available if reserving an Exhibitor Table This requires a min. of four Exhibitors to participate \$50.00	<input type="checkbox"/> "Spotlight on the Expo" Email Newsletter Ad – Business Card size ad Sent 3 times prior to the Expo \$50.00
<input type="checkbox"/> Program Ad – 1" h x 2" w \$25.00 with Exhibitor Table \$35.00 without Exhibitor Table	<input type="checkbox"/> Banner Ad on NHCOC Expo page 130 x 130 pixels (~ 2 sq. in.) Online until 10/31/08 \$50.00

Company/Organization _____

Contact _____

Address _____

City/State _____ Zip _____

Phone _____ Fax _____

E-mail _____ Web Site _____

I am interested in Chamber membership/Expo registration discount packages.

Enclosed is a check Or please charge my credit card in the amount _____

Card Number _____ Expiration Date _____ CID (backside) _____

Name & mailing address for this card _____