

PUBLICATION CONTRACT

Edmond Area Chamber of Commerce, 825 East Second Street, Suite 100, Edmond OK 73034
Contact: Rachel Martin, (405) 341-2808, Fax: (405) 340-5512, rmartin@edmondchamber.com

Sponsor

Company _____
Authorized Representative _____
Title _____
Signature _____
Address _____

Phone _____
City _____ State _____ Zip _____

Publication

- Publication Sponsor @..... \$ _____
- Publication Sponsor @..... \$ _____
- Publication Sponsor @..... \$ _____
- Publication Sponsor @..... \$ _____
- Publication Sponsor @..... \$ _____
- Publication Sponsor @..... \$ _____

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TOTAL \$ _____

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Payment

- Check Cash American Express Discover MasterCard Visa

Make checks payable to Edmond Area Chamber of Commerce

Credit Card No. _____ Exp Date _____
Signature _____

Sold By

Volunteer's Name _____
Team _____ Date _____

Chamber Action

Date of Confirmation by Company _____
Chamber Official _____