

NEWARK BUSINESS LUNCHEON
CHAMBER OF COMMERCE

Washington Hospital Healthcare System: The Future of Healthcare in Our Community
Thursday, February 23, 11:30 a.m. Networking; 12:00 p.m. - 1:30 p.m. Program
 DoubleTree by Hilton at 39900 Balentine Drive, Newark

“Access to comprehensive, quality health care services – Important to all, Essential to our quality of life.”

Learn how the **Morris Hyman Critical Care Pavilion at Washington Hospital** will transform health care in the Tri-Cities area. **Ed Fayen, Senior Associate Administrator at Washington Hospital**, will present a visual, in-depth look at the new pavilion and the clinical services that will be offered in it, plus share the visionary outreach of Washington Hospital.



Reserve by Feb. 17, 2017 to Ensure your Reservation

You can make Reservations, confirm Sponsorships & Pay online at www.newark-chamber.com; by phone **510-578-4500**; or scan/email this form to info@Newark-chamber.com. By Mail: 37101 Newark Blvd, Newark 94560

Name _____
 Company Name _____ List Guest Names on Reverse.
 Address _____ City _____ Zip _____
 Phone _____ Fax _____ Email _____

Sponsorship Opportunities

Platinum Event Sponsorship, \$1,000

Platinum: Table for 8, recognition at event, full pg program ad, lg website logo ad, full display space & grand-size banner at the event.

Gold Event Sponsorship, \$750

Gold: Table for 8, recognition at event, ½ pg program ad, website logo ad, display space & large banner at the event.

Table Sponsorship, \$500

Table: for 8, recognition at event 1/3 pg ad in program, ½ table display.

Program Sponsorship, \$150

Program: Seating for 2, recognition at the event, ¼ pg logo in program.

Complete this form or call to confirm sponsorship. Thank you! All sponsorship funds support Chamber programs & services in the Newark community. Ask us about other event & program sponsorships including specially priced multi-event packages.

Chamber Members: \$42 per ticket: _____ tickets @ \$42 each = \$ _____ # Reg _____ # Veg _____

Non-Members: \$55 per ticket: _____ tickets @ \$55 each = \$ _____ # Reg _____ # Veg _____

Luncheon selection will be a chicken or vegetarian entrée.

SPONSORSHIP: Please list my company as a SPONSOR at the \$ _____ level.

My check is enclosed. For ticket confirmation please email me at: _____

Please charge my: Visa Mastercard American Express

Name (as it appears on the Credit Card) _____

Card # _____ Exp Date _____ Security Code _____

Billing Address of Card (incl. zip) _____

Signature _____ Date _____