



BREA RESTAURANT WEEK

SEPTEMBER 5 - 12, 2020

SPONSORSHIP LEVEL	Presenting Sponsor \$1000	Bon Vivant Sponsor \$200	Connoisseur Sponsor \$100	Gourmet Sponsor \$50
Corporate logo identified with "Presenting" status on all event marketing	✓			
Company logo on Facebook Cover	✓			
Company advertising space in (1) individual email advertisement	✓			
Company advertising space in (1) insider weekly e-newsletter	✓	✓		
Company logo on various print advertising	✓	✓	✓	
Company mention in online promotions	✓	✓	✓	
Company mention on all Chamber social media outlets	✓	✓	✓	
Company logo on website	✓	✓	✓	✓

Sponsor Benefits

Your sponsorship investment supports Chamber initiatives to enhance the economic vitality of the Brea business community. Standard pricing and sponsor benefits are shown below. Custom packages are also available. To sponsor, please contact the Brea Chamber at 714.529.3660 or visit www.BreaChamber.com

September 5 – September 12, 2020

Brea Restaurant Week is an 8-day dining experience taking place at participating restaurants throughout Brea. During this week restaurants may offer anything from promotions to special menu items.

Connecting business with opportunity to be SEEN by a targeted audience!

Sponsorship Application

Company _____

Contact Name _____ Title _____

Address _____ City & Zip Code _____

Phone _____ Fax _____

Email _____

Brea Restaurant Week

Let's connect through a sponsorship!

Your sponsorship dollars support Brea Chamber initiatives to enhance the economic vitality of the Brea business community. Custom sponsorship packages are available. For more information, please contact the Brea Chamber Office at 714-529-3660 or send an email at

Answers@BreaChamber.com

- | | |
|--|--------|
| <input type="checkbox"/> Presenting Sponsor | \$1000 |
| <input type="checkbox"/> Bon Vivant Sponsor | \$200 |
| <input type="checkbox"/> Connoisseur Sponsor | \$100 |
| <input type="checkbox"/> Gourmet Sponsor | \$50 |

Payment

Request to be invoiced

Check Enclosed

Please bill my credit card

Sponsorship Package \$ _____

Total \$ _____

Cardholder

Name _____

Card# _____

Exp. Date _____ CVS _____

Billing Address _____

Signature _____

Return this form with your payment to:

Brea Chamber of Commerce
One Civic Center Circle, 2nd Floor
Brea CA 92821
Or fax to 714.529.3657

PAYMENT DEADLINE IS
Friday, August 28, 2020

Brea Chamber of Commerce
One Civic Center Circle, 2nd Floor
T: 714.529.3660 | F: 714.529.3657
E: Answers@BreaChamber.com

Revised on August 13, 2020