



Chamber Of Commerce

JOINT CHAMBER EXPO & AFTER-HOURS

WEDNESDAY, OCTOBER 24, 2018

Brentwood Community Center

2505 S. Brentwood Blvd.

St. Louis MO 63144



2:30 - 4:00 p.m. booth set up

4:00 - 7:00 p.m. expo open

Booth Registration

Booth guidelines: Set up begins at 2:30 p.m. and must be completed by 4:00 p.m. The basic exhibitor has a 6' skirted table and two chairs. Please do not plan to break down your display until the end of the event. All display materials must be removed following the expo. **Only members of either chamber are eligible to purchase a booth.** Limited space available on a first come basis with paid application.

\$1,000 GOLD SPONSOR – Preferred double booth location with electric, if needed; logo on your chamber's website; logo used on event signage

\$200 PREMIER EXHIBITOR – Premiere display booth placement with electric, if needed

\$100 EXHIBITOR – Basic 6' booth

BOOTH REGISTRATION - REGISTRATION FOR BOOTHS IS ON FIRST-COME BASIS

(This expo will fill quickly. If no space is available, you will be placed on a waiting list.)

Company _____

Contact Name _____

Address _____ City _____ Zip _____

Phone _____ Fax _____ e-mail _____

Sign me up for the following:

_____ \$1,000 - Gold Sponsor _____ I need electric

_____ \$200 - Silver Sponsor _____ I need electric

_____ \$100 - Exhibitor

I will bring the following item(s) to give away at the event _____

\$_____ **Total registration costs**

KINDLY RETURN REGISTRATION FORM BY OCTOBER 17TH. SPACE IS LIMITED TO THE FIRST APPLICATIONS RECEIVED.

For more information contact the chamber to which you are a member:

Creve Coeur-Olivette Chamber of Commerce

Phone: 314-569-3536 / Fax: 314-569-3073 / Email:
info@cco chamber.com

Make checks payable to Creve Coeur-Olivette
Chamber of Commerce.

Mail registration form with payment to:
10950 Olive Blvd., Suite 101, Creve Coeur MO
63141

Brentwood Chamber of Commerce

Phone: 314-963-9007 / Email:
chamber@brentwoodmo.org

Make checks payable to Brentwood Chamber of
Commerce.

Mail registration form with payment to:
2505 S. Brentwood Blvd., Suite 100, Brentwood MO
63144

For credit card payment:

Card number _____

Expiration date _____ CCV number - 3 or 4 digits on card _____

Name on credit card _____

Address where credit card bills sent _____

City _____ Zipcode _____

Please do not include credit card information on applications that are emailed - call separately with credit card information.