



July 20, 2017

Dear Potential Sponsor:

The **Lexington Employee Benefits Council (LEBC)** is very pleased to present you with opportunities to partner with us for our educational monthly luncheons.

The mission of **LEBC** is to provide a forum for professionals in the field to gain knowledge, share ideas and experiences and network in an environment that affords its membership the opportunity to strengthen their employer and employee relationships with useful tools and timely information, pertinent to all employee benefits.

If you have questions or need additional sponsorship information, please contact **Raquita Rowland** at raquitar@mcgregoreba.com. Sponsorship information is enclosed. Please return the completed contract by fax to (859) 255-2999 or by email to Raquita Rowland.

Thank you for your support.

Raquita Rowland
President

LEXINGTON EMPLOYEE BENEFITS COUNCIL

2017 – 2018 MONTHLY LUNCHEONS

Luncheon Sponsor: \$300

Benefits

As you evaluate your company's interest in sponsoring the monthly luncheons, please consider these valuable benefits:

- Targeted audience of Employee Benefit professionals gathering to learn about industry topics of interest. Approximately 30-40 attendees each month.
- Company logo displayed at every luncheon event – 8 total
- Opportunity to give a 2-3-minute commercial at one designated luncheon
- Opportunity to introduce speaker at one designated luncheon
- Opportunity to provide company literature to attendees at one designated luncheon
- Opportunity to network in person with attendees
- Company logo displayed on LEBC website as a sponsor for fiscal year

Luncheon Dates:

September 20th
October 18th
November 15th
December 20th
January 17th
February 21st
March 21st
April 18th – Keeneland Event
May 16th

Luncheon Location:

Malone's Banquets located above Sal's on Tates Creek Road. Luncheons begin at 11:45am.

Sponsorships are exclusive and taken on a first come, first serve basis. Once a completed sponsorship contract is received, you will receive a confirmation via email as well as the opportunity to choose the luncheon that you would like to provide company literature and a commercial at, pending availability.

Luncheon Sponsor Contract

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip Code: _____

Billing Contact Information

Name: _____

Telephone: _____ Email: _____

Representative attending

Name: _____

Telephone: _____ Email: _____

Purchase & Payment Details:

Method of Payment: Check AMEX MasterCard Visa

Make checks payable to Lexington Employee Benefits Council and mail to Lexington Employee Benefit Council, PO Box 301, Lexington, KY 40588

Credit Card Number: _____ Exp. Date: _____

Security Code (3-digit code on back): _____

Cardholder's Name (please print): _____

Cardholder's Signature: _____

Please complete, sign and fax this page to (859) 255-2999 or via email, raquitar@mcgregoreba.com.

Signature: _____

Company: _____

Signed by (print name): _____ Date: _____