



July 30, 2018

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 **Ashley Willis** at ashleyw@mcgregoreba.com. Sponsorship information is enclosed. Please return the completed contract by fax to (859) 255-2999 or by email to Ashley Willis.

Thank you for your support.

Ashley Willis
President

Luncheon Sponsor Contract

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip Code: _____

Meeting Date Preferred

First Choice: _____

Second Choice: _____

Representative Attending:

Name: _____

Telephone: _____ Email: _____

Guest 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, ashleyw@mcgregoreba.com.

Signature: _____

Company: _____

Signed by (print name): _____ Date: _____