



DATE

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 **Amanda Nielsen** at Amanda.Nielsen@parkcommunity.com. Sponsorship information is enclosed. Please return the completed contract to Amanda Nielsen.

Thank you for your support.

Amanda Nielsen
President

LEXINGTON EMPLOYEE BENEFITS COUNCIL
2019 – 2020 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
- Two lunches included with sponsorship

Luncheon Dates:

September 18th
October 16th
November 20th
December 18th
January 15th
February 19th
March 18th
April 15th – Keeneland Event
May 20th

Luncheon Location:

Malone's Banquets located 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.

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) _____ or via email, Amanda.Nielsen@parkcommunity.com.

Signature: _____

Company: _____

Signed by (print name): _____ Date: _____