

BUSINESS AFTER HOURS



First Thursday of the Month



5PM - 7PM



Your Business!

Business After Hours (BAH) is an opportunity for members to host other business owners and community members in their place of work to showcase their space, promote their services, and make connections.



FREE for Members



\$5 for Non-Members

**Ready to host a
Business After Hours?**

Submit the Host Agreement Form online through our website, email us a completed form, or print and drop it off in person.



812-265-3135



info@madisonindiana.com



THE CHAMBER WILL:

- Promote the event by sending press releases to local media outlets
- Promote event on Chamber website & social media platforms
- Send invitation/ RSVP in Chamber newsletter
- Administer all registration for event & provide a copy for the host
- Provide name badges & sign in sheet
- Take quality photos of the event & share

THE HOST BUSINESS WILL:

- Provide a 30 - 50 word description of your presentation proposal for approval
- Provide hors d'oeuvres & non-alcoholic beverages for all guests
- Provide space for networking and mingling
- Send personal invitations to customers & other associated businesses
- Supply background information on your company to be used in Chamber promotions
- Prepare a 3-5 minute introduction for your business during the welcome
- Be creative with a vibrant atmosphere
- Provide a door prize valued at around \$100



SIGN UP FORM

YOUR PROPOSAL WILL BE REVIEWED PROMPTLY AFTER SUBMISSION.
WE WILL THEN CONTACT YOU REGARDING ITS APPROVAL AND NEXT STEPS.

****PLEASE PROVIDE A 30-50 WORD EVENT PROPOSAL ON BACK OF THIS FORM.****

MEMBER _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____

CONTACT NAME _____

EMAIL _____

LOCATION _____

PREFERRED MONTH _____ TIME 5PM - 7PM

I HAVE READ THE " BUSINESS AFTER HOURS" HOST REQUIREMENTS AND AGREE TO FULFILL THEM TO THE BEST OF MY
ABILITY, AS THE SUCCESS OF THIS EVENT LARGELY DEPENDS ON HOW WELL THESE RESPONSIBILITIES ARE EXECUTED.
I AGREE TO DISCUSS ANY PLANNED DEVIATION FROM THESE GUIDELINES WITH A CHAMBER REPRESENTATIVE.

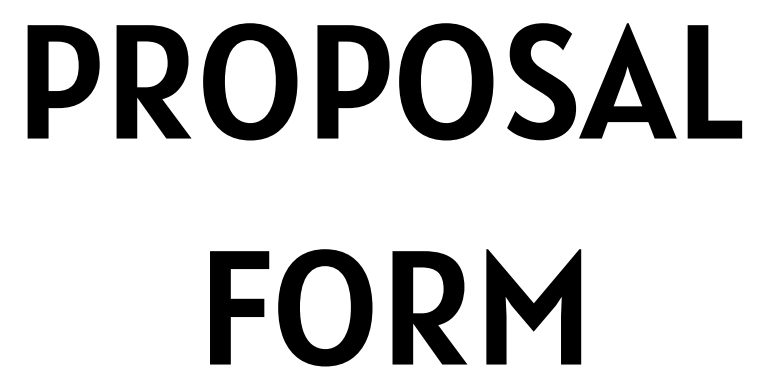
NAME OF PERSON AUTHORIZED _____

SIGNATURE _____ DATE _____

RETURN THIS FORM VIA EMAIL [OR](#) DROP OFF AT CHAMBER OFFICE

301 E. MAIN STREET, MADISON, IN 47250
MONDAY-FRIDAY | 9AM-4PM
812-265-3135
INFO@MADISONINDIANA.COM





WHAT FOOD / DRINK OFFERINGS WILL YOU HAVE?
WILL YOU BE DOING SOME SORT OF DISCOUNT OR SPECIAL DEAL?
WHAT WILL YOUR DOOR PRIZE OR GIVEAWAY BE?

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.