

# LUNCH



AND

# LEARN



4th Wednesday of the Month



12:00 PM - 1:00 PM



301 E. Main Street

Lunch & Learn is an opportunity to hear about a relevant business topic from a guest speaker while enjoying a provided lunch, along with time to network.



**FREE for Members**



**\$10 for Non-Members**

**Ready to lead a  
Lunch & Learn?**

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

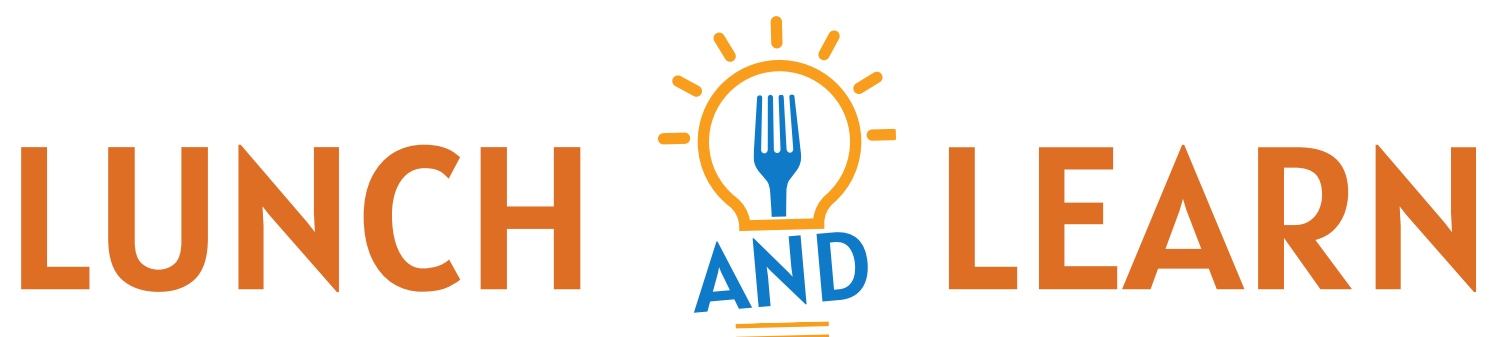


## THE CHAMBER WILL:

- 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
  - Presentation should be 30-35 minutes, with time for questions and networking
- Create visuals or handouts to accompany the presentation
- Provide a small door prize or a giveaway item
- Pay for the Chamber to provide lunch OR provide a catered lunch & drinks for approx. 35 people from a Chamber Business
- Arrive 15 minutes prior to the event for set-up



## SIGN UP FORM

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

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

MEMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

EMAIL \_\_\_\_\_

PREFERRED MONTH \_\_\_\_\_

TIME 12:00 PM - 1:00 PM

☐

CHECK THIS BOX IF YOU WILL PROVIDE LUNCH

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PLEASE CHECK THIS BOX TO REQUEST AND PAY FOR A CHAMBER-PROVIDED LUNCH.

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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.

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NAME OF PERSON AUTHORIZED \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

RETURN THIS FORM VIA EMAIL OR DROP OFF AT CHAMBER OFFICE

ASHLEY WELLS, OFFICE MANAGER

MADISON AREA CHAMBER OF COMMERCE

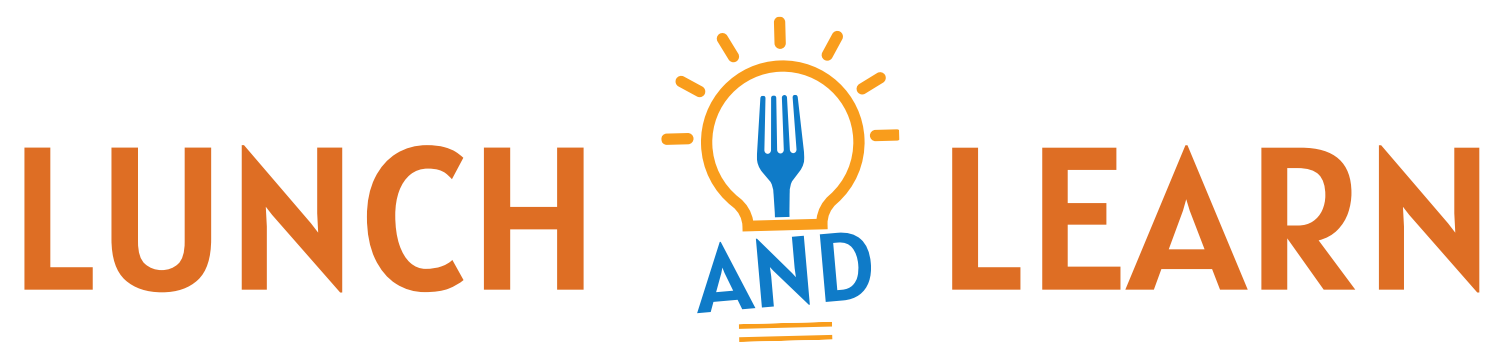
301 E. MAIN STREET

MADISON, IN 47250

PHONE: 812-265-3135

INFO@MADISONINDIANA.COM





## PROPOSAL FORM

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PLEASE PROVIDE A 30-50 WORD EVENT PROPOSAL

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**TOPIC:**

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**PROPOSAL:**

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