



LOVELAND
CHAMBER of COMMERCE

2026 Annual Dinner Sponsorship Form

Friday, October 23 | Embassy Suites Loveland

Built by Business

\$5,000 Legacy Sponsors

Eight (8) dinner tickets

Company representative, give a 60-second commercial on stage

Banner at Check-in table

Verbal recognition at the event and a full-page ad in the event program (appropriate deadlines), on the Chamber website and e-newsletter

Social Media presence

\$2,000 Gold Sponsors

Six (6) dinner tickets

Verbal recognition at the event and a half-page ad in the program

Verbal recognition at the event and a full-page ad in the event program (appropriate deadlines), on the Chamber website and e-newsletter

Social Media presence

\$1,500 Business Sponsors

Four (4) dinner tickets with reserved seating for 4 at the event

Logo in the event program

Logo on Chamber website

Social media presence

\$1,000 Award Sponsor (Limited to one sponsor)

Four (4) dinner tickets

Verbal recognition at the event

Logo in the event program

Logo on Chamber website

Social media presence

\$500 Community Sponsor

Two (2) dinner tickets with reserved seating for 2

Verbal recognition at the event

Logo in the event program

Logo on Chamber website

Social media presence

Contact: info@loveland.org | 970.667.6311

2026 Annual Dinner Sponsorship Form

We are excited to have your business as a sponsor of the 2026 Annual Dinner,
the signature event for the Loveland Chamber of Commerce.

Sponsorship Level: _____ Amount: \$ _____

Company Name: _____

Complete Address: _____

Contact Person: _____ Phone: _____

E-mail: _____ # of Tickets Included: _____

Additional Tickets:

Number of Individual Tickets _____ x \$85 = \$ _____

TOTAL cost of additional tickets: \$ _____

List of all attendees (please attach additional list if needed):

_____	_____
_____	_____
_____	_____
_____	_____

SPONSORSHIP DEADLINE: FRIDAY, SEPTEMBER 25TH 2026
FINAL LIST OF ATTENDEES NEEDS TO BE EMAILED TO info@LOVELAND.ORG BY FRIDAY, OCTOBER 16TH

Contact Person: _____ Date _____

☐ Please charge our credit card **OR** ☐ Please bill us

Name On Card: _____ Amount: _____

Card #: _____ Exp: _____ CID#: _____

Billing ZIP: _____ Phone Number: _____

Authorized Signature of Card Holder

Date

Loveland Chamber of Commerce
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Sponsorship Contact: info@loveland.org