

2017

Canton Chamber of Commerce Luncheon “FAST PASS”

SAVE TIME! SAVE MONEY!

Purchase a Canton Chamber Luncheon **FAST PASS!**
Pay One Time for the Entire Year!!

Benefits Include:

- **No Waiting in lines** - Go to Fast Pass table & pick up your name tag.
- **Transferable** - Can't make the luncheon? Send someone in your place! (Just call the Chamber and let them know who will be using your pass)
- **It's fast, its easy** and just one bill/payment for the entire year.

We will have (2) Fast Passes this year

Pass #1 will be for our “Major Event Luncheons” Cost \$125

<u>DATE</u>	<u>LOCATION</u>	<u>OCCASION</u>
January 25th	Summit on the Park	Chamber Launch Party
March 1st	Village Theater	State of the Township
April 19th	Carrabba's	Staff Appreciation Luncheon
October 11th	Summit on the Park	Business Awards Luncheon
December 6th	Summit on the Park	Holiday Luncheon

Pass # 2 will be for our “Leads & Feeds Luncheons” Cost \$60

Leads & Feeds will be a Networking luncheon. It will be held at Fellow's Creek Golf Course. Each attendee will have the opportunity to introduce themselves and talk about their business (give a 45 second commercial about you and your company). (A lite lunch w/soft drink will be served)

<u>DATE</u>	<u>LOCATION</u>
February 8th	Fellow's Creek Golf Course
May 3rd	Fellow's Creek Golf Course
July 12th	Fellow's Creek Golf Course
October 4th	Fellow's Creek Golf Course

Buy both passes and save \$10.00

Fill out form on back and mail, fax or email to the Canton Chamber Office

Canton Chamber of Commerce
45525 Hanford Road,
Canton MI 48187

Phone: 734.453.4040

email: admin@cantonchamber.com

Fax: 734.453.4503

*Registration Form
Canton Chamber of Commerce
Luncheon Fast Pass*

___ SAVE! Both Luncheon Pass(\$175 per pass) Total Passes_____ Amount_____

___ Event Luncheon Pass only (\$125 per pass) Total Passes_____ Amount_____

___ Leads & Feed Luncheon Pass only (\$60 per pass) Total Passes_____ Amount_____

Company _____ Contact Name _____

Address _____ Phone _____

Phone _____ Cell _____ Email _____

Passholder Name (s) _____

Billing Information:

___ Invoice ___ Check ___ MC ___ Visa ___ Discover

Company _____ Contact Person _____

CC Number # _____ Exp.Date _____

Billing Street address _____ Zip Code _____

Signature _____ Date _____

Fax or mail completed form to:

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45525 Hanford Road, Canton MI**

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