



North East Chamber of Commerce Route 40 Sign Rental Application

Date: _____

Company/Organization Name: _____

Not-For-Profit ___ For-Profit ___ Contact Person: _____

Phone #: _____ Email Address: _____

Company Address: _____

Name of Event: _____ Date(s) Of Event: _____

Event Location: _____

Beginning Date Sign Space Requested: _____

Ending Date Sign Space Requested: _____

Please return your completed application to: North East Chamber of Commerce, PO Box 609,
North East, MD 21901 or email to info@northeastchamber.org

For Chamber Use Only – Do Not Write Below This Line

Application Approved By: _____ Date Approved: _____

Cost of Space Rental: _____ Payment Received: _____ Date Received: _____