

Event Sponsorship Contract Details

Once your application is accepted

SOHO Business Report (SBR) agrees to provide:

1. complimentary quarterly copies of **SBR** magazine (valued at \$4 each)
 - as long as shipping costs are covered
 - copies ordered must be in multiples of one hundred (valued at \$400 per box)
 - copies must NOT be resold
 - copies must be distributed to unique event attendees (e.g. each person should only get one)
2. a web link referring entrepreneurs to your event

In return, partner organizations agree to:

1. Provide reciprocal links from their web sites
2. Provide general demographics on attendees

NOTE: Details subject to change without notice

Event Sponsorship Application

Contact Name:			
Organization:			
Street Address:			
City:		Prov/State:	
Postal/Zip Code:		Country:	
Est. # to attend:			
Phone:		Fax:	
Email Address: <small>(required and kept confidential)</small>			

Estimated Attendee Demographics (to help us focus editorial content on our readers/ your customers needs)

Average age

% <25 yrs	% 25-34	% 35-44	% 45-54	% >55
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Average education

% High School	% Tech/Certificate	% Bachelors	% Post Grad Degree	% Other
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Working from home

% Mainly in home office	% Mainly at client's site	% Mainly at own business
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Typical Industries

% Production	% Skilled Labour	% Retail	% Recreation	% Business Service
% Wholesale	% Educational	% Trade	% Mail Order	% Computer Service
% Consulting	% Manufacturing	% Tourism	% Catalogue	% Other

Percentage of Household Income Generated

<20%	20-39%	40-59%	60-79%	>80%
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Business Locations

% Urban Rgnl Town	% Large City Suburb	% Large City Downtown	% Small Rural Town	% Rural Isolated
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Number Employed

% <2	% 3-5	% 6-10	% 11-25	% >25%
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Active Entrepreneurial Associations you deal with:

Entrepreneur Award Programs you are aware of:

Key Annual Entrepreneurial Conferences & Events in your area:

Internet address (URL) where our hyperlink (www.SOHOBusinessReport.com) will be placed:

This request is for a period of 3 years and can be canceled in writing by either party at any time.

Signature _____

Date _____

Please complete this form and return by mail OR fax it to (604) 936-5805.

FOR OFFICE USE ONLY: Request Entered

Contact Info Checked

