

# KEY LEADERSHIP WELCOME DINNER

*Tuesday, February 26th  
Hilton Garden Inn*



## CALL FOR NOMINATIONS

Do you know a Key Leader new to the Siouxland area or recently transitioned to a management position? The Siouxland Chamber of Commerce invites you to nominate and host a leader from your business or one you have an association with at the upcoming Key Leadership Welcome Dinner (formerly the Key Executive Welcome Dinner). At this informal social gathering Key Leaders will be introduced to the Siouxland business community, creating a network of resources for each attendee.

## SPONSOR RESPONSIBILITIES:

- ◆ Pay for the Key Leader's and your dinner as well as spouses and other guests you may include @ \$50/person (Key Leader must be a current Siouxland Chamber member)
- ◆ Accompanying your guest(s) to the event on Tuesday, February 26th

## EVENING AGENDA

*Tuesday, February 26th*

*Hilton Garden Inn – 1132 Larsen Park Road*

*5:00 PM – Social Hour*

*6:00 PM – Dinner & Brief Program with Key Leader Introductions*

If you are interested in sponsoring a Key Leader,  
Register [HERE](#) or complete the Sponsor Form on the next page and return to:

Katy Karrer  
Siouxland Chamber of Commerce  
101 Pierce Street, Sioux City, IA 51101  
kkarrer@siouxlandchamber.com

# NOMINATION FORM



I WOULD LIKE TO NOMINATE / SPONSOR THE FOLLOWING KEY LEADER:

Key Leader\*: \_\_\_\_\_

Sponsor: \_\_\_\_\_

Company: \_\_\_\_\_

Company: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

E-Mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

\*Key Leader must be a current Siouxland Chamber member

PLEASE ADD SPONSOR / KEY LEADER'S GUESTS:

Guest: \_\_\_\_\_

Guest: \_\_\_\_\_

TO NOMINATE ADDITIONAL KEY LEADERS, PLEASE USE A SEPARATE SPONSOR FORM

\_\_\_\_\_ Total reserved seats requested - Include Key Leader, Sponsor(s) & Guest(s)

\_\_\_\_\_ Total amount - \$50 per seat

## PAYMENT OPTIONS\*\*

Check enclosed (payable to the Siouxland Chamber of Commerce)

Invoice me

Please apply to credit card (circle)    Visa    MasterCard    Discover    American Express

Card #: \_\_\_\_\_

Phone #: \_\_\_\_\_

Name: \_\_\_\_\_

Expirations: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Verification Code: \_\_\_\_\_

\*\*Please note, full refunds will be made for cancellations received on or before February 18th.



return to:  
**KATY KARRER**  
Siouxland Chamber of Commerce  
101 Pierce Street, Sioux City, IA 51101  
kkarrer@siouxlandchamber.com  
712.255.7903  
Fax: 712.258.7578