



HISPANIC CHAMBER OF COMMERCE OF LOUISIANA

National Small Hispanic Chamber of the Year - 2006

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RESCHEDULED QUARTERLY LUNCHEON – RESERVATIONS STRICTLY REQUIRED

NEW DATE: FRIDAY, APRIL 18th, 2008
TIME: 11:30 A.M. Cash Bar
12:00 Noon Luncheon

PLACE: J.W. MARRIOTT HOTEL
614 Canal Street, New Orleans, LA 70130
(Motor Entrance on Common Street)

“POSITIONING YOUR COMPANY FOR ACCESS TO BUSINESS OPPORTUNITIES”

PART 1: Minority Certification: what it is; the different certification agencies; which agencies are appropriate for you; the process; the value it imparts. This presentation will be conducted by the Louisiana Minority Business Council who is the certifying agency for this area.

PART 2: Why do major corporations /business entities in the public & private sector actively seek minority business suppliers and partners? What kinds of opportunities can they offer to you? Mr. Michael Alvarez, Manager Support Services, Supplier Diversity Program for Shell Oil Company, will be our Keynote Speaker.

Diversity Representatives from several large companies/entities will be available to speak with you after the luncheon.

EVENT UNDERWRITER:



APRIL 18, 2008 QUARTERLY LUNCH RESERVATION FORM – FAX TO HCCL @ 504-887-5422

Your Name _____ Company _____
Please accept my reservation and payment. (Sorry, HCCL can no longer bill for events.)

MEMBER SPONSORSHIP CATEGORIES:

_____ HERMANOS \$1,000 Reserved Table of 10, Company Banner, Program Recognition, Program Listing, Table Tent
_____ AMIGOS \$600 Reserved Table of 8, Program Recognition, Program Listing, Table Tent

INDIVIDUAL TICKETS

_____ No. Tickets for MEMBERS** @ \$45 (Prepaid) ♦ _____ No. Tickets for NON-MEMBERS @ \$50 (Prepaid)
(Payment Received After FRIDAY, APRIL 11th : \$10 Extra Per Person, Subject to Space Availability)

****NOTE:** Effective March 1st of this year, all dues must be current in order to qualify for the Member Rate at all events. Otherwise, the Non-Member Rates shall apply.

Payment Options: _____ Enclosed is my check # _____ dated _____ @ \$ _____ payable to: **HCCL.**
_____ VISA; _____ MASTERCARD; _____ DISCOVER; _____ AMERICAN EXPRESS

Name: _____ Company: _____

Card No: _____ Code: _____ Exp. Date: _____

Address: _____ City, State & Zip : _____

Tel: _____ E-mail: _____

SIGNATURE: _____