



YSWP Application Form

Hotel Name:

Sales Contact:

Email:

Phone:

Account Name:

Address:

Email:

City, State, ZIP:

Third Party Contact:

Lead Contact:

Email:

Lead Name:

Meeting Dates:

Decision Date:

Peak Room Nights:

Total Room Nights:

Offered Room Rate:

_\$ _____

Repeat Business:

Yes

No

If Yes, last meeting date:

Competition (outside of Fort Worth):

Concessions offered by Hotel:

Please submit via email to MelanieHoover@Fortworth.com

Compelling Business Reasons:
(What make this important to the property?)

Payable to:

Please note, if you are using this application for a non-CVB lead, you will need to include the RFP information in the email when sending the request!

You Stay, We Pay Scale:

OPTION 1	INCENTIVES ARE PAID DIRECTLY TO YOUR ORGANIZATION	
750-1,000	ACTUALIZED ROOM NIGHTS	\$8 REBATE PER ROOM
450-749	ACTUALIZED ROOM NIGHTS	\$6 REBATE PER ROOM
75-449	ACTUALIZED ROOM NIGHTS	\$4 REBATE PER ROOM
30-74	ACTUALIZED ROOM NIGHTS	\$2 REBATE PER ROOM

OR

OPTION 2	INCENTIVES ARE PAID DIRECTLY TO THE HOTEL TOWARD F&B	
300-500	TOTAL CONTRACTED ROOM NIGHTS	\$3,500
501-999	TOTAL CONTRACTED ROOM NIGHTS	\$5,000
1,000	TOTAL CONTRACTED ROOM NIGHTS OR MORE	\$8,000

By signing this application, signatories acknowledge the information contain herein is accurate.

Signature:	Email:	Date:
Sales Contact:		