



PARTNERSHIP APPLICATION

Information for publications and website listing *(please print legibly).*

Company: _____ Web Address: _____

Address: _____

Phone: _____ Fax: _____ Company Email: _____

Trip Adviser ID: *(Optional. Will be included on your page on our website.)* _____

Twitter Handle: _____ Instagram Username: _____ Facebook Page: _____

Primary Contact Information

Name: _____ Title: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Billing Contact *(If different than Primary Contact)*

Name: _____ Title: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Additional Contact

Name: _____ Title: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Business Description *(30 words)* _____

Partnership Code of Ethics

Visit Wichita Partners (the Company, its employees and owners) should at all times act and conduct themselves in accordance with the highest standard of personal and business behavior. Visit Wichita retains the right to reject or discontinue our partnership relationship due to (a) unbecoming conduct by a Partner, its employees, or its owners that might adversely affect the well-being and reputation of the City of Wichita or Visit Wichita, (b) non-payment of dues, or (c) for reasons that may be detrimental to Visit Wichita, the City of Wichita or their affiliates' goodwill, image and/or goals of these organizations, in the sole judgment of Visit Wichita.

As a partner of Visit Wichita:

- I accept that Visit Wichita, at its sole discretion, shall determine if a business can be a Marketing Partner, Community Investor, Advertiser or Sponsor of Visit Wichita or its publication, programs and events.
- I agree to protect the confidentiality of non-public information such as leads, convention calendars or any data or report.
- I understand that Visit Wichita will keep me informed of its activities periodically mailing or emailing information to my attention.
- I acknowledge that Visit Wichita reserves the right to edit all partner listings to ensure that the respectful standards of Visit Wichita are maintained.

Partnership dues are payable annually in January. Partnership investment may be deductible as a business expense; please check with an accountant or tax adviser.

Signature: _____ Date: _____

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Complete the following business information.

Days of Operation: _____ Hours of Operation: _____
Capacity: _____ Admission or Price Range: \$ _____
Child Rate: Yes No Senior Rate: Yes No
Group Pricing Available: Yes No Credit Cards Accepted: Yes No
Gift Shop: Yes No Guided Tours Available: Yes No
Handicap Accessible: Yes No
Group Size Minimum: _____ Group Size Maximum: _____

Meeting Space: Yes No (If Yes, please attach floorplan and capacity chart or send to mmoore@visitwichita.com)
Number of Rooms: _____ Largest Room: _____
Theater Capacity (per room): _____ Classroom Capacity (per room): _____
Banquet Capacity (per room): _____ Reception Capacity (per room): _____

Exhibit Space: Yes No Public Wireless Internet Access: Yes No
No. of Exhibit Booths: _____ High Speed Internet (wired): Yes No
Motorcoach Parking: Yes No Reservations Accepted: Yes No
Non-Smoking Facility: Yes No Reservations Required: Yes No
Pets Allowed: Yes No Restaurant/Food Service On-site: Yes No

Photo Request: To best market your organization, please submit not less than six high resolution (300 dpi minimum, no less than 1MB file size) photos that showcase your business. By submitting, you agree to release these photos to Visit Wichita for the purposes of marketing your organization and the greater Wichita area. Providing photo credit is important to us. Please let us know the name of the photographer for your images. If no photographer is provided, your images will have the words "courtesy photo" and your organization name associated with it. Please email photos and logo to mmoore@visitwichita.com.

(Optional) Copy for Deals 'n Discounts to be placed on Visit Wichita website:

Offer Valid From: _____ To: _____
Referred by: _____