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)								
		n our website)						
Primary Contact Information	· · ·							
		Title:						
		Email:						
Billing Contact (if different t	than Primaru Contact)							
•	•	Title:						
Address:								
Phone:	Fax:	Email:						
Additional Contact								
Name:		Title:						
Address:								
Phone:	Fax:	Email:						
Business Description:								
Payment Method (select one	e)							
• Check enclosed (payable to	Visit Wichita)							
• Credit card (circle one)	VISA MasterCard	Expiration Date:						
Card Number:		Security Code:						
Name on the Card:								
Billing Address for Card:								
Authorized Signature:								
As a partner of Visit Wichita	:							
Advertiser or Sponsor of Visit Wic I agree to protect the confidenti I understand that Visit Wichita v	hita or its publication, progran ality of non-public information vill keep me informed of its act	e if a business can be a Marketing Partner, Community Investor, as and events. Is such as leads, convention calendars or any data or report. Is ivities periodically mailing or emailing information to my attention. In artner listings to ensure that the respectful standards of Visit Wichita						
		year from date of ratification by the Visit Wichita Board of Directors.; please check with an accountant or tax adviser.						
Signature:	anature: Date:							

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Complete the following applicable business information.

# of Employees-FT: Days of Operation: Capacity:				# of	Hours of Operation:				
				Hou					
				Pric					
Credit Cards Accepte	d: Yes	No		Gift	Shop:	Yes	No		
Group Size Minimum:					·				
	Yes	No	•				~~~~	***************************************	
Number of Rooms:				Larg	jest Rooi	m:			
Theater Capacity:				Clas	Classroom Capacity:				
Banquet Capacity:					Reception Capacity:				
Exhibit Space: Yes No			No.	No. of Exhibit Booths:					
No. of Rooms:				No.	of Suites	:			
Reservations Accepted: Yes No			No	Rese	Reservations Required: Yes No				
Reservations Recommended: Yes No				If in	If in a Hotel, Restaurant Name:				
Free Breakfast Free Local Calls Full E In-Room Data Port High-Speed Connection Exerc In-Room Microwave Movie/Cable TV Non- Pets Allowed Indoor Pool Outcome				_Outdoor Po	BreakfastIn-Room Coffeemaker cise RoomHandicap Accessible -Smoking RoomsSmoking Rooms				
Restaurant/Dining/Formula Hotel/Lodging _1-15 Rooms Bed &Breakformula Hotel/Lodging		elect one)		_1-174 Rooms		175+	Rooms		
Restaurant/Dining/Food Truck (select one) _AmericanAsianB _CoffeeContinentalFo				_Bar/Grill _Italian _Other		BarbecueCafé MediterraneanMexic			
_Carryout/Delivery _Handicap Parking	arryout/DeliveryChild Menu andicap ParkingBus/Motorcoach Parking			_Credit Card _Patio Dining		_Priva	_Group Menu Available _Private Dining		
(Optional) Copy for De									
Offer Valid From:				To:					
Referred by:									