



For Office Use Only	
Invoice: _____	Description : _____
Staff: _____	Photo : _____
Logo : _____	Letter/Plaque: _____

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)* _____

Payment Method *(select one)*

- 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:

- 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 and will be renewable one year from date of ratification by the Visit Wichita Board of Directors. Partnership investment may be deductible as a business expense; please check with an accountant or tax adviser.

Signature: _____ Date: _____



Continued

Complete the following applicable business information.

of Employees-FT: _____ # of Employees-PT: _____
Days of Operation: _____ Hours of Operation: _____
Capacity: _____ Price Range: \$ _____
Credit Cards Accepted: Yes No Gift Shop: Yes No
Group Size Minimum: _____ Group Size Maximum: _____

Hotels/Lodging (select one): Bed & Breakfast _____ Extended Stay _____ Hotel/Motel _____ Other _____
Number of Rooms 1-15 Rooms Bed & Breakfast _____ 1-174 Rooms _____ 175+ Rooms _____

Amenities

Total # of Sleeping Rooms _____ Restaurant On Property _____ Refrigerator _____
of Suites _____ Free Continental Breakfast _____ Hair Dryer _____
of King Bedrooms _____ Full Breakfast _____ Movie/Cable TV _____
of King Bedrooms with Pull Out _____ Wireless High Speed Internet _____ Data Port _____
of Queen Rooms: _____ Bar/Lounge _____ Safe In-Room _____
of Double Rooms _____ Room Service _____ Kitchenette _____
of ADA Rooms (Grab Bar) _____ Valet Service/Baggage Handling _____ Mini-Bar _____
of ADA Rooms (Roll Ins) _____ Pets Allowed _____ Iron/Ironing board _____
Room Rate Range _____ Airport Transportation _____ Laundry Facilities on property _____
Group Rate _____ Business Center _____ Pet Deposit Required _____
Senior Rate _____ Exercise Room _____ Pet Details _____
Child Rate _____ Indoor Pool _____ Tennis Courts ___ Nearby _____
Credit Cards Accepted _____ Outdoor Pool _____ Golf ___ Nearby _____
Reservations Required _____ Whirlpool/Sauna _____ Spa ___ Nearby _____
Handicap Access _____ Gift Shop _____ Hot Tub _____
Handicap Accessible Rooms _____ MotorCoach Parking _____ Date of last renovation _____
Type of Suite _____ Coffeemaker _____ Concierge _____
Microwave _____ 24 Hour Check in _____

Restaurant/Dining/Food Truck:

Amenities (select all that apply):

Carryout/Delivery _____ Child Menu _____ Credit Cards Accepted _____ Catering _____ Patio Dining _____
Handicap Parking _____ Bus/Motorcoach Parking _____ Large Screen TV _____ Group Menu Available _____
Pets Allowed _____ Wireless High Speed Internet _____

Reservations: Required _____ Accepted _____ Recommended _____

Private Dining Capacity _____

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

Offer Valid From: _____ To _____

Referred by: _____

Photo Request: To best market your organization, please submit not less than three high resolution (300 dpi minimum) 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 jbuettgenbach@visitwichita.com