

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. Wi	ill be included on your page on c	our website.)					
Twitter Handle:	Instagram Usernar	ne: Facebook Page:					
Primary Contact Inform	nation						
Name:		Title:					
Address:							
Phone:	Fax:	Email:					
Billing Contact (If differe	nt than Primary Contact)						
Name:		Title:					
Address:							
Phone:	Fax:	Email:					
Additional Contact							
Name:		Title:					
Address:							
Phone:	Fax:	Email:					
Business Description	(30 words)						
Daymont Mothod (
Payment Method (sele	•						
· Check enclosed (payable	·	Evaluation Data					
· Credit card (circle one)		·					
		Security Code:					
	l.						
•							
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.

Directors. Partnership investment may be o	eductible as a business expense; please check with an accountant or tax adviser.	
Signature:	Date:	-

Continued

Complete the following business information.

Banquet Capacity (per room):—————

Yes

Yes

Yes

No

No

No

No

Exhibit Space:

Pets Allowed:

No. of Exhibit Booths:

Motorcoach Parking:

Non-Smoking Facility: Yes



Yes

Yes

Yes

Yes

Yes

No

No

No

No

No

# of Employees-F I:	# of Employees-P1:
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	
Number of Rooms:	Largest Room: ———————————————————————————————————
Theater Capacity (per room):	Classroom Capacity (per room):

Reception Capacity (per room):——

Public Wireless Internet Access:

Restaurant/Food Service On-site

High Speed Internet (wired):

Reservations Accepted:

Reservations Required:

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.

Optional) Copy for Deals 'n Discounts to be placed on Visit Wichita website:						
Offer Valid From:	To:					
Referred by:						