

PARTNER INFORMATION (please print):

Today's Date: _____

Business Name: _____

Legal Business Name (if different from above): _____

Main Business Phone: _____ Toll Free: _____ Fax: _____

Business Email: _____

Website: _____

Main Mailing Address (where we will send invoices, marketing opportunities & other correspondence)

Street: _____

City: _____ State: _____ Zip Code: _____

Physical Address if different than above (street address where your customers will find you)

Street: _____

City: _____ State: _____ Zip Code: _____

Primary Contact: (person who will receive marketing materials, invoices, emails, etc.)

Mr. Ms. Mrs. Miss Dr. Sister Father Professor Other: _____

Name: _____ Title: _____

Primary Contact Phone: _____ Cell: _____

Primary Contact Email: _____

Additional Contacts (Check here and use additional sheets if you need more room)

1) Name: _____ Title: _____

Phone: _____ Email: _____

2) Name: _____ Title: _____

Phone: _____ Email: _____

3) Name: _____ Title: _____

Phone: _____ Email: _____

4) Name: _____ Title: _____

Phone: _____ Email: _____

Travelocity member #: _____

Ratings:

SARASOTA

—AND HER ISLANDS—

CONVENTION & VISITORS BUREAU

Longboat Key · Lido Key · Siesta Key · Casey Key · Venice

Manasota Key · Englewood · North Port

www.gobeyondthebeaches.com

Additional Marketing Opportunities

(prices listed are starting at and for term of one year)

Web site—Each Partner receives a **free web listing** in appropriate categories and a **free Partner Profile** with detailed information.

Ad Banner on www.sarasotafl.org prices vary

Premium listings on www.sarasotafl.org prices vary

Visitor Guide— Each Partner receives a **free listing** in appropriate categories. Advertising available.

Visitor Center Advertising—all partners have the opportunity to display one piece of collateral in center.

Photo Display (lit duratran) \$ 440

Advertising Poster \$1320

Annual Partnership & Service Fees

MEMBER LEVEL: _____

CATEGORY: _____

Annual Partner Fee (\$ based on type and size of business) \$ _____

Web Banner \$ _____

Visitor Center Advertising \$ _____

Administration Fee for Partnership \$ 25.00

TOTAL AMOUNT DUE: \$ _____

Full time employees _____ Lodging Rooms _____ Golf Holes _____

Dining Seats _____ Meeting Room sq footage _____

FORM OF PAYMENT: Check AMEX MasterCard Visa Cash

Check # _____ Amount Paid: \$ _____

Credit Card #: _____ Exp. Date: _____

Name on Credit Card: _____

Billing Address _____

Signature: _____ Date: _____