

Sarasota Convention & Visitors Bureau PARTNER APPLICATION

Business Information:

Date _____

Company name:	
DBA:	
Address:	
City, State, Zip	
Phone:	Fax:
Web Site:	

Main Contact Information:

Name:	
Title:	
Phone:	Fax
Email:	

Partner Information:

Category:
Number of units: _____ Number of Employees _____ (Accommodations / # of Rooms Restaurant or Meeting Facility / # of Seats)
Ratings: () AAA Diamond () Mobile Star () Zagat
Business Description: keywords to use in our data base.

Website access to www.sarasotafl.org to manage leads & your listing data.

Minimum six digits.

Login :	Password:
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Item	Dues Amount
Base Partner:	
() # employees x	
() # of seats x .50	
Partner add ons(lodging members) @ \$100 ea.	
One-time new partner admin fee	\$25.00
Total Due From Partner	

Please make checks payable to SCVB Check number _____

Contact: Bernie Gottschalk 941-302-3758 or bgottschalk@sarasotafl.org

Sarasota Convention & Visitors Bureau, 766 Hudson Avenue Suite A, Sarasota, FL 34236

941-955-0991 ext 103 FAX: 941-955-1929