



Contact: Ms. Erin Hurter
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PARTNER APPLICATION

Today's Date:

BUSINESS NAME:

Business Main Phone:

Business Email:

Business Website:

Business Tax Certificate #:

Physical Address (Business Location)

Number & Street _____ Suite _____ City _____ State _____ Zip _____

Billing Address: (Where to send invoices,marketing opportunities, formal correspondence)

Number & Street _____ Suite _____ City _____ State _____ Zip _____

BUSINESS CONTACTS

- Please list at least two contacts, including phone and email information.
- Indicate contact that will be maintaining partner portal data

PRIMARY Contact Name: Mr. Ms. Capt. Dr. Rev. Other _____

Title: Extranet

Primary Contact Phone:

Cell:

Primary Contact Email:

ADDITIONAL Contacts

Name: Mr. Ms. Capt. Dr. Rev. Other _____

Title: Extranet

Phone:

Email:

Name: Mr. Ms. Capt. Dr. Rev. Other _____

Title: Extranet

Phone:

Email:

PARTNERSHIP BENEFITS & OPPORTUNITIES

COST

Annual Partnership Packages: STANDARD \$450 /LODGING \$660 /RELOCATION \$820/PUBLICATION \$600

\$

Administrative Processing Fee

\$25.00 (ONE TIME FEE)

Total Amount Due:

\$

Payable by credit card or check. **CHECKS PAYABLE TO VSC**

Signature _____ Print Name _____ Date _____