

Partnership Application



TO BE PUBLISHED

Business Name _____
Physical Address _____
City/ State/ Zip _____
Public Phone Number _____ Website _____

Check all that apply:



YOUR CONTACT INFO *(will not be published)*

Primary Contact

Name _____
Title _____
Phone _____
Email _____

Secondary Contact

Name _____
Title _____
Phone _____
Email _____

Mailing Address *(if different from physical address)*

Please send communications to:

- Primary Contact
 Secondary Contact
(check both if applicable)

CATEGORIES *(Please check one)* 1 Year 2 Year

- Non-Profit Organization \$200 \$360
Attraction: \$275 \$495
Restaurant/Bar *(based on seats)*:
Small 1-75 \$275 \$495
Intermediate 76-150 \$325 \$585
Large 151+ \$475 \$855
General Business *(based on employees)*:
Small 1-29 \$325 \$585
Mid-Size 30-100 \$400 \$720
Intermediate 101-200 \$475 \$855
Large 201+ \$625 \$1,125
Lodging Property *(\$300 minimum)* \$8/rm \$14.40/rm
Corporate Partners:
Small 1-75 \$1,000 \$1,800
Intermediate 76-150 \$1,500 \$2,700
Large 151+ \$1,800 \$3,240
TOTAL INVESTMENT \$ _____

PARTNER DESCRIPTION



Please email a 30 word description, a 300 word long description, and 3 hi-res (over 1MB jpeg) photos for your website listing to elizabeth@greenbay.com.

Note: The CVB may edit for style, format and length.

PAYMENT *(Please check one)*

- Check *(please make check payable to Greater Green Bay CVB)* Credit Card

Credit Card# _____ Exp Date ____/____/____ Security Code _____

Billing Address: _____

Partnership is activated when payment is received and runs 12 or 24 months from date below. You will be billed in the amount selected above 60 days prior to your renewal date. Partnership will continue unless the CVB is **notified in writing** stating otherwise.

Signature _____ Date ____/____/____

PLEASE SUBMIT TO

Elizabeth Martell, *Business Development and Community Engagement Manager*, elizabeth@greenbay.com