



PARTNER SERVICES ORDER FORM

PLEASE TYPE OR PRINT CLEARLY

Business Name _____

Mailing address _____

City _____ State _____ ZIP _____ County _____

Physical (published) address _____

City _____ State _____ ZIP _____ County _____

Contact name _____ Title _____

Telephone () _____ Fax () _____

Toll-Free () _____ If you require a call before faxing, please check this box.

E-mail (for publication, if relevant) _____ E-mail (for contact) _____

Website _____

BILLING ADDRESS (if different from above) _____

City _____ State _____ ZIP _____ County _____

BILLING CONTACT NAME (if different from above) _____ Title _____

MINORITY-OWNED BUSINESS

- African-American Asian-American Hispanic-American Native American Other Woman-Owned Business

GREEN CERTIFICATION

Green Certified Yes No Name of Certification _____ Expiration Date ____/____/____

PARTNER SERVICES (check all that apply)

- Platinum Industry Partner[\$2,000] \$ _____
- Corporate Sponsor Partner [\$1,500] \$ _____
- Gold Medallion Partner..... [\$1,000] \$ _____
- Visitor and Convention Marketing Partner[\$650] \$ _____
- Visitor Marketing Partner[\$475] \$ _____
- Convention Marketing Partner[\$475] \$ _____
- Marketing Partner..... [\$300] \$ _____
- Brochure placement at the Travel Portland Information Center..... [\$175 x ____] \$ _____
- Additional web resource directory listings (indicate selections on reverse) [\$150 x ____] \$ _____
- Mailing label list [\$200] \$ _____
- One-time e-newsletter promotion [\$200] \$ _____
- One-time dedicated e-mail [\$300] \$ _____
- Booth at Annual Trade Show [\$400] \$ _____
- Table for 10 at Awards Breakfast [\$500] \$ _____
- Processing Fee (mandatory, one-time only)..... [\$35] \$ 35.00

TOTAL INVESTMENT \$ _____

Cash Check # _____ Credit Card # _____ Exp. Date ____/____ security code _____ [by signature line on back]

CREDIT CARD BILLING ADDRESS

City _____ State _____ ZIP _____ County _____

I understand the enclosed payment entitles me to the benefits of these services for one year from the date of this application. In one year's time, I will be automatically billed for service renewal. I further understand that my partner services will be subject to automatic cancellation if payment is not received within 90 days after the date of first renewal invoice. Cancelled partners are subject to an additional \$35 administrative fee upon reinstatement. I agree to abide by the bylaws and policies of the Travel Portland board, subject to such duly enacted changes as may be adopted from time to time.

Authorized Signature _____ Print name _____ Date _____ [Travel Portland representative]

PROFILE

WHAT CREDIT CARDS DO YOU ACCEPT?

- All major cards Enroute (European) Carte Blanche MasterCard Diners Club
- Discover American Express JCB (Japanese) Visa

DAYS AND HOURS OF OPERATION _____

DO YOU CHARGE ADMISSION? Yes No

WEB LISTING CATEGORIES

See Resource Directory Categories sheet for options. Please e-mail expanded narrative and up to two images per listing to partnerservices@travelportland.com.

- 1. _____
- 2. _____

ADDITIONAL WEB RESOURCE DIRECTORY LISTINGS (if purchased)

- 1. _____
- 2. _____



FOR OFFICE USE ONLY

Travel Portland representative _____ Processed date ____/____/____ Processed by _____

Please mail your partner services order form to
TRAVEL PORTLAND
 1000 S.W. Broadway, Suite 2300, Portland, OR 97205
 or fax it to 503.275.9774.
 If you have any questions, please call 503.275.9750.

revised 12/12/08