

2017 Membership Menu – (after January 1)

BUSINESS NAME _____

***NOTE:** You must have "General Membership" in order to be included in any other publications.*

CHOOSE YOUR LEVEL OF MEMBERSHIP:

- General Membership** **\$110.00**
Includes Visitors Guide (if applicable) and website listing(s).
- Packaged Travel Planner (in addition to General Membership)** **\$25.00**
Available online and provides information on member sites & services that are group tour friendly for the Group Travel Market. Guidelines to be included are:
- Can accommodate up to 55 people at one time
 - Adequate restroom facilities for both men and women
 - Motorcoach parking on site
 - Restaurants must offer an all-inclusive group menu and be able to seat 55 people
 - Flexible hours and sufficient staff (open early or open after hours)
 - Group discount rates and complimentary policies for driver and escort
- Meeting Facilities Guide (in addition to General Membership)** **\$25.00**
Available online and provides information on lodging, banquet, event & meeting facilities and is for Meeting Planners. Listings are limited to the following categories:
- Non-Hotel meeting space
 - Hotels/Motels with meeting space
 - Bed & Breakfasts with meeting space
 - Restaurants with meeting space or group dining
 - Catering
 - Meeting Services

ADDITIONAL LOCATIONS/BUSINESSES CAN JOIN FOR DISCOUNTED RATES:

- General Membership** # _____ X \$35.00 = _____
 2nd Location/Business: _____
 3rd Location/Business: _____
 4th Location/Business: _____
- Packaged Travel Planner (in addition to General Membership)** # _____ X \$15.00 = _____
 2nd Location/Business: _____
 3rd Location/Business: _____
 4th Location/Business: _____
- Meeting Facilities Guide (in addition to General Membership)** # _____ X \$15.00 = _____
 2nd Location/Business: _____
 3rd Location/Business: _____
 4th Location/Business: _____

TOTAL AMOUNT DUE \$ _____

X _____
 Printed Name

X _____
 Signature

X _____
 Date

METHOD OF PAYMENT

- ____ cash
 ____ check enclosed
 ____ credit card

Please make checks payable to: **Mansfield/Richland County CVB.**

____ Visa ____ Mastercard Account #: _____

MAIL PAYMENT TO:
Mansfield/Richland County CVB
124 N. Main Street
Mansfield, Ohio 44902

Cardholder Name: _____ Cardholder Signature: _____

Expiration Date: _____ 3 Digit Code: _____ Billing Zip Code: _____