

Information for publications and website listing (please print)

Company _____ Web Address _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Fax _____ Company Email _____

Primary Contact

Mr./Ms./Mrs. _____ Title _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Fax _____ Email _____

Billing Contact

Mr./Ms./Mrs. _____ Title _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Fax _____ Email _____

Note: Please list additional contacts on a separate sheet.

Business Category (select one)

- Arts
- Attractions & Entertainment
- Business
- Event Services
- Hotels & Lodging
- Nearby Communities & Day Trips
- Restaurant
- Shopping
- Sports & Outdoor
- Transportation

Days/Hours _____ Rate Range _____

Business Description (30 words or less) _____

Number of FT Employees _____ Number of PT Employees _____ Annual Dues _____

Payment Method (select one)

- Check Enclosed (Please make check payable to Go Wichita)
- Mastercard Number _____ Expiration Date _____
- Visa Number _____ Expiration Date _____

Authorized Signature _____

Membership Policy

As a member of Go Wichita I agree to adhere to the principles of professional conduct. Adherence to this code assures those associated with the convention and visitor industry that Go Wichita members and their staff constantly strive to achieve and maintain the highest standards of professionalism and integrity. Deliberate and intentional violation could result in suspension.

I agree to uphold the bylaws of Go Wichita and to observe strict adherence to the principle of confidentiality of all information so designated, whether that information be in the form of leads, convention calendars or any other data or report which, itself or through interpretation, violates the confidentiality of information distributed to the membership. I understand that full compliance with requirements regarding confidential information is implicit for continuing membership.

Membership dues are payable annually and will be renewable one year from date of ratification by the Go Wichita Board of Directors. Your membership investment may be tax deductible as a business expense; please check with your accountant or tax advisor.

Signature _____ Date _____

Please complete the following area for the category selected on the previous page.

Arts

- Art Gallery Art Museum Performing Arts Other _____

Attractions & Entertainment

- Amusement Park Games/Recreation Performing Arts Night Life Winery
 Dinner Theater Movie Theater Museum Wildlife/Zoo Other _____

Business

- Accountant Computer Sales/Service Government Non-Profit
 Advertising Full Service Consultant Graphic Design Office Products
 Advertising Specialty Contractor Health Care Printing/Copying
 Architect Corporate Insurance Purveyor
 Attorney Education Marketing Real Estate
 Auto Sales/Service Employment Service Media Signage
 Awards/Plaques Financial Service Military Telecommunications

Event Services

- Audio Visual Event Planner Party Rental Tour Company
 Catering Service Facility Photographer Travel Agency
 Coffee Library Shipping
 Display/Designer Moving Service Speaker

Hotels & Lodging

Rooms _____ Suites _____ Meeting Space Sq. Ft. (if applicable) _____

Category (select one)

- Bed & Breakfast Extended Stay Hotel/Motel RV Park/Campground Other _____

Amenities (select all that apply)

- Airport Transportation In-Room Data Port Movie/Cable TV Outdoor Pool
 Business Center High-Speed Connection Non-Smoking Rooms Whirlpool/Sauna
 Bus/Truck Parking Exercise Room Pets Allowed Golf Course on Premises
 Free Breakfast Handicap Accessible Indoor Pool

Nearby Communities & Daytrips

- Chamber City Government CVB Daytrip Destination Other _____

Restaurants

Category (select one)

- American Bar/Grill Coffee Italian Pizza
 Asian Barbecue Continental Mediterranean Seafood
 Bakery Cafe Fast Food Mexican Steakhouse Other _____

Amenities (select all that apply)

- Carryout/Delivery Credit Cards Accepted Handicap Parking Patio Dining
 Child Menu Group Menu Available Motorcoach Parking Private Dining

Shopping

- Group Advance Notice Group Discounts Handicap Accessible Motorcoach Parking Available

Category (select one)

- Apparel Furniture Shopping Center Specialty Shop
 Books/Gifts Outdoor Spas/Personal Care Other _____
 Florist Retail/Grocery/Liquor Specialty Foods

Sports & Outdoor

- Private Golf Course Public Golf Course Recreation Sports Sporting Event Wildlife/Park

Transportation

- Air Travel Automobile Rental Bus Service Limousine Service Public Transportation