

VISIT BEND MARKETING ORDER FORM

Please print or type clearly

Business Name _____

Billing/Mailing address _____

City _____ State _____ Zip Code _____

Physical (published) address if different from above _____

City _____ State _____ Zip Code _____

Contact _____ Title _____ Phone _____

Email: _____ Website: _____

I would like to take advantage of the following marketing opportunities with Visit Bend:

Enhanced Listing on VisitBend.com (\$999 annually) \$ _____ Specific Page(s) _____

Enhanced Event Listing on VisitBend.com (\$999 annually) \$ _____ Specific Page(s) _____

Featured Calendar Event (\$250 per event, per day of event) \$ _____

Bend Visitor Guide Full-Page Display Ad (\$4995) \$ _____

Brochure Programs

Brochure Rack Program at Bend Visitor Center \$199 4x9 rack spot (annually) _____ \$299 magazine rack (annually) _____

Brochure Rack Program at Bend Transit Center \$50 4x9 rack spot (annually) _____ \$75 magazine rack (annually) _____

TOTAL INVESTMENT: \$ _____

PAYMENT INFORMATION

Payment Information: Cash Check # _____ Credit Card # _____ Exp. Date ____ / ____ Security Code _____

Billing Address _____ City _____ State _____ Zip _____

I understand the enclosed payment entitles me to the benefits of these services for one year from the date of this application, unless otherwise noted on this form. In one year's time, I will be contacted to renew my partner marketing . I further understand that my partner services will be subject to automatic cancellation if payment is not received within 30 days after the date of first renewal invoice. Canceled partners are subject to an additional \$100 administrative fee upon reinstatement.

Authorized Signature _____ Date _____

Print Name _____

Visit Bend Authorized Signature _____ Date _____

Please send partner marketing order form to:

Visit Bend
750 NW Lava Rd, Suite 160, Bend, OR 97703
- or -
Email it to Kevney@visitbend.com

If you have any questions, please call 541.382.8048

