



Partnership Application

Please complete the following information and return it to Visit Loudoun with your dues investment to activate your Partnership.

Business/Organization: _____

Partnership Type (choose one):

- Group Lead Partner:** Businesses that serve group visitors, including meetings and conferences, events, reunions, weddings and social events, tournaments, and tour groups.

Annual Dues Investment: \$300 (plus an overnight room assessment for accommodations)

These businesses include:

- Hotels, Resorts, and Conference Centers
- Venues with Public and/or Private Event Space
- Retail Centers
- Transportation Companies

- Group Referral Partner:** Businesses *without private or public event space* that wish to be promoted to groups such as meetings and conferences, events, reunions, weddings and social events, tournaments, and tour groups. *Annual Dues Investment: \$150*

These businesses include:

- Attractions
- B&Bs and Inns
- Restaurants/Dining
- Shops
- Event Service Vendors (event planners, photographers, caterers, etc.)

- Business/Organization Partner:** Businesses and organizations that wish to support Visit Loudoun programs. *Annual Dues Investment: \$150*

Mailing Address

Street Address: _____

City, State, Zip: _____

Location Address

Physical Street Address (if different): _____

- This is a private residence. Please do not publish.

Town, Village, or Community you are located within or closest to: _____

Business Email Address: _____

Website Address: _____

Business Telephone: _____ Fax: _____

Visit Loudoun Board of Directors Vote

All partners of Visit Loudoun receive a vote on the Visit Loudoun Board of Directors governance, the leadership that represents the tourism industry to policymakers and oversees the design of Visit Loudoun programs. Board elections are held each year at Visit Loudoun’s Annual Meeting. Please designate someone from your organization to be the voting representative.

Primary Contact (receives general information and is the Voting Representative)

Name: _____ Title/Relationship: _____

Mailing Address (if different than above): _____

City, State, Zip: _____

Telephone: _____ Email: _____

Billing Contact (receives invoices from Visit Loudoun)

Name: _____ Title/Relationship: _____

Mailing Address (if different than above): _____

City, State, Zip: _____

Telephone: _____ Email Address: _____

Leads/Referrals (Group Lead and Referral Partners Only)

Visit Loudoun’s Sales Team expands your sales team. Please designate one person to be responsible for receiving and responding to emailed leads, and completing a simple report within the Extranet to indicate that you have responded to a lead, or chosen not to respond. This report is required for each lead we send.

Lead Catcher/Sales Lead Contact (receive leads/referrals from Visit Loudoun sales team)

Name: _____ Title/Relationship: _____

Mailing Address (if different than above): _____

City, State, Zip: _____

Telephone: _____ Email: _____

Extranet Account

You will receive listings on the Visit Loudoun website in appropriate categories based on the services and/or products that your business provides and your partnership type. Please designate one person to be responsible for adding and updating your listing information by accessing Visit Loudoun’s Extranet. The following items are accessible through the Extranet:

- **Website Listing:** Business name, address, description(s), images, website link, social media links, and amenity information that ensures visitors find your business using the website search features.
- **Contact Information:** Names, titles, email addresses, etc. for the individuals at your organization who should receive Visit Loudoun’s industry communications including our monthly enewsletter, educational programs, presentations, and sales and marketing opportunities.
- **Special Events:** Add your events that are open to the public to the website.
- **Accommodations/Special Packages:** Add packages/special offers to the website.

Marketing Contact/Extranet Manager

Name: _____ Title/Relationship: _____

Mailing Address (if different than above): _____

City, State, Zip: _____

Telephone: _____ Email Address: _____

Dues Investment

Dues are billed and invoiced annually. Your first year's dues are paid in full upon joining. Second year dues are pro-rated based on the date you joined the previous year. Dues are not refundable in part or in full.

In addition to the annual dues investment, hotels, motels, resorts, and conference centers are assessed an additional fee of \$2.50 per overnight room. Combined dues investment and assessment will not exceed \$1,000.

 Group Lead Partnership:

_____ Overnight Rooms x \$2.50 = \$_____ + \$300 = Total Dues Investment: \$_____ (not to exceed \$1,000)

 Group Referral Partnership: \$150

 Business/Organization Partnership: \$150

Signature: _____ Date: _____

Print Name/Title: _____

Business/Organization: _____

Referred By Name/Organization: _____

Questions about the Partnership Program?

Jennifer Christie
Industry Relations Manager
Christie@VisitLoudoun.org
703-669-2006

Questions about your Dues Investment?

Greg Harp
Director of Finance & Administration
Harp@VisitLoudoun.org
703-669-2008

Return completed application and dues investment to:

Visit Loudoun
112-G South Street, SE
Leesburg, VA, 20175
Fax: 703-771-4973

Payment Information

Date Received: _____ Dues Investment: _____ Check Number: _____

Credit Card Number: _____ Exp Date: _____ 3-Digit Security Code: _____

Name on Card: _____

Billing Address: _____