

GATEWAY NIAGARA

SERVICE AGREEMENT



TOURISM NIAGARA

DIVISION OF NIAGARA ECONOMIC DEVELOPMENT CORPORATION

Please complete and return by fax to Tourism Niagara - FAX: 905-688-5907

CONTACT INFORMATION		
Name of Business	Date	
Street Address	City	Postal Code
Contact Person	Title	
Phone Number	Ext.#	Fax
Website Address	E-mail Address	

Program Dates: From _____ 20 ____, to _____ 20 ____.

MARKETING OPTIONS

- STANDARD BROCHURE DISTRIBUTION** (not to exceed 4" x 9")
 - Not for profit \$250/year \$ _____
 - For profit businesses and Chambers of Commerce, VCB's, EDO's, etc. \$400/year \$ _____
- OVERSIZED BROCHURE DISTRIBUTION** (not to exceed 8 1/2" x 11")
 - Not for profit \$350/year \$ _____
 - For profit businesses and Chambers of Commerce, VCB's, EDO's, etc. \$600/year \$ _____
- BACKLIT POSTER ADVERTISING SIGNAGE** (2' x 3')
 - ★ all locations include standard brochure distribution for one year
 - Premium location \$3,000/year \$ _____
 - Standard location \$2,000/year \$ _____
- TICKET SALES** (Contact Tourism Niagara for contract)
- ROOM RESERVATIONS** (Contact Tourism Niagara)
- DISPLAY CABINET** (Contact Tourism Niagara for contract)

SUBTOTAL \$ _____
 5% GST (Reg. #89601-9445) \$ _____
TOTAL AMOUNT \$ _____

X _____
 Authorized Signature (please sign and return)
 By signing this document I agree to contract pricing noted above.

METHOD OF PAYMENT

Cheque Enclosed Please Invoice Visa/Mastercard

For credit card payment, please provide the following:

Card Number: _____ Expiry Date (mm/yy): _____

Cardholder's Name: _____

FOR OFFICE USE ONLY

Invoice # _____ Client # _____ Inv. Date: _____ Payment Date: _____