

APPLICATION

I have read and accepted the terms and conditions. Master Account Additional Commission

Has the group booked in Sonoma County in the previous 24 months? Yes No

BIA Hotel: _____ Sales Manager: _____

Program Name: _____ Program Dates: _____

3rd Party Planner Org.: _____ Planner Name: _____

Total Rooms: _____ x Rate (\$): _____ = Est. Revenue (\$): _____

Incentive % (1-5%) being requested: _____ % Additional commission OR \$ _____ to the master = Est. Incentive (\$): _____

THE UNDERSIGNED PARTIES AGREE TO THE FORGOING:

I understand and agree to the terms of the SCT incentive program policy. Approved applications are not a guarantee for funding. Sonoma County Tourism requires a Hotel Sales Contract Addendum to be completed and signed by all parties to become effective.

Print Name	Title	Signature	Date
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MEETING PLANNER (to be completed by the hotel sales manager)

Print Name	Title	Address	Date
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Company	Email
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SONOMA COUNTY TOURISM
400 Aviation Blvd., Ste. 500,
Santa Rosa, CA 95403

Print Name	Title	Signature	Date
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SONOMA COUNTY
• CALIFORNIA •

LIFE OPENS UP

FOR SCT USE ONLY: Approved as requested Not approved

BY: _____