HARRISON COUNTY TOURISM COMMISSION—REQUEST FOR MARKETING ASSISTANCE FOR 2009-2010 FISCAL YEAR

Date Submitted_____ For Profit_____ Non-Profit_____ Tax ID _____

Requesting Organization's Name_____

Requesting Organization's Contact_____

Address_____

Phone_____ Fax_____

Title of Project_____

Type of project or event — Check ONE: _____Special Event _____Destination Marketing
_____Tourism Promotion _____Brochure _____Consumer Show/Booth Registration

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Total Amount of Project Advertising Budget $_____
(Budget must be attached)

Request for Funds from HCTC $_____

Percent Requested from HCTC $_____

THE FOLLOWING MUST BE ATTACHED:

1. Project budget, including expenses, marketing expenses, and all revenue sources.
2. Total marketing budget, including a complete list of media placements including specific media, circulation & cost, and any other marketing expenses.

PREVIOUS & PROJECTED ATTENDANCE:

If your activity is a recurrent event, please list the dates and number of attendees for the past three years, as follows:

Dates of Previous Events	Total Attendance	Total Room Nights	# Attendees: Harrison County	#Attendees: Outside County

Please list projected event dates and number of attendees for current activity below.

*This project or event must encourage attendees to stay overnight in Harrison County at local hotels & motels. How many *estimated* total rooms will be booked per night for this event? _____

***NOTE:* As a requirement, a copy of the HCTC Survey will be provided to you to be completed by attendees at your event.**

I certify that these funds will be used to advertise, promote tourism, promote conventions, and generally generate favorable publicity concerning Harrison County tourism.

_____ _____ _____
Signature Title Date

PLEASE RETURN TO NICOLE LEARSON, DIRECTOR OF MARKETING
HARRISON COUNTY TOURISM COMMISSION, P.O. BOX 6128, GULFPORT, MS 39506-6128

For office use only

Control #_____ Approved_____ Disapproved_____ Date_____ Amt. Approved_____