

HARRISON COUNTY TOURISM COMMISSION—REQUEST FOR MARKETING ASSISTANCE FOR 2011-2012 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

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 BETH CARRIERE, EXECUTIVE DIRECTOR
 HARRISON COUNTY TOURISM COMMISSION, P.O. BOX 6128, GULFPORT, MS 39506-6128**

For office use only

Control # _____ Approved _____ Disapproved _____ Date _____ Amt. Approved _____