Marin
CONVENTION & VISITORS BUREAU

1 MITCHELL BLVD., SUITE B | SAN RAFAEL, CA 94903 | 415 925 2060 | TOLL FREE 866 925 2060 | FAX 415 925 2063 | www.visitMarin.org

Partnership Application

Company Name:_____

Contact Name:_____Title:_____

Address:_____

_____

Phone:_____Fax:_____

Email:_____Website:_____

Classification / Rate:_____

Do you have information for display / distribution at the MCVB?

Yes ☐ No ☐

Do you wish to receive more information about placing your information in MCVB fulfillment pieces or other promotional opportunities?

Yes ☐ No ☐

Total amount enclosed:_____

Company Check ☐ Personal Check ☐

You may forward your application and check to our letterhead address; please also attach your business card if possible. Please call Gina Marr, Partnership Marketing Coordinator at 415-925-2060, x. 14 or email gina@visitMarin.org if you have any questions.

Please submit payment to the address listed on this letterhead.

MCVB OFFICE USE ONLY

Date Received:_____ Paperwork Processed:_____

Follow-up call to New Member:_____ Comments:_____

Date Membership Packet Mailed:_____ Date Member Brochures Expected:_____

Added to E-Commerce Database:_____