



2017-2018 FUNDING PROGRAMS

CONVENTION & MEETING SUPPORT APPLICATION *For Meetings, Conferences/Conventions, or Tradeshows*

INFORMATION MUST BE RECEIVED IN THE VISIT JACKSON OFFICE BY **July 14, 2017**.

APPLICATION

Date: _____

Name of Organization _____

Mailing Address _____

City _____ State _____ Zip _____

Email: _____

Telephone _____ Cell: _____ FAX _____

Planner/ Contact Person _____

(NAME)

(TITLE)

_____ Non-Profit: (must include documentation)

_____ For-Profit

MANDATORY EVENT INFORMATION

Event Name _____

Date(s) of event: _____

Brief Description of Event: (Use this space only)

ECONOMIC IMPACT INFORMATION

Total Expected Attendees:

Will your event attract or influence local area citizens?

yes no If "yes," how many? _____

Will your event create a demand for hotel/motel rooms?

yes no If "yes," how many? _____

How many people outside of Jackson will attend your event? _____

Estimated Food & Beverage Cost: _____ Facility: _____

Estimated Facility/Room Rental Cost: _____ Facility: _____

Estimated Number of Blocked overnight room: _____ Facility: _____

Number of rooms Picked Up from previous meetings/events: _____

Headquarter Hotel Name: _____

Overflow Hotel #1 _____

Overflow Hotel #2: _____

Overflow Hotel #3 _____

Will your event require meeting rooms or exhibit space yes no

Number of Exhibits: _____ Number of Breakout Sessions: _____

Please complete the following information on your last two events:

Date	Location	Total attendance	# Room nights
_____	_____	_____	_____
_____	_____	_____	_____

Have you previously received any underwriting from Visit Jackson/JCVB? yes no

Event Name _____ Date _____ \$ Amount _____

Event Name _____ Date _____ \$ Amount _____

Event Name _____ Date _____ \$ Amount _____

ACKNOWLEDGEMENT

I certify that this project meets all eligibility requirements as outlined in Visit Jackson’s Funding Program Guidelines. All the information contained within this application and attachments is true and correct to the best of my knowledge.

Organization _____

By _____

Title _____

Date _____

Must be signed and returned along with completed application

RETURN TO: Convention & Meeting Support Program Administrator
Visit Jackson
P.O. Box 1450
Jackson, MS 39215-1450

or 111 East Capitol Street, Suite 102
Jackson, MS 39201

QUESTIONS: Call Christine McInnis: 601-960-1891 x 306

Visit Jackson Convention & Meeting Support 2017-2018 FINAL REPORT FORM

***** CAREFULLY READ THE PROGRAM GUIDELINES ***** ***** BEFORE PROCEEDING WITH THIS REPORT *****

NOTICE: A COMPLETE FINAL REPORT CONSISTS OF THIS ORIGINAL FINAL REPORT FORM PLUS THE FOLLOWING ITEMS SUMMITTED AS ATTACHMENTS:

INFORMATION MUST BE RECEIVED IN THE VISIT JACKSON OFFICE BY August 31, 2018. (If event occurs in September, information must be received by October 15, 2018)

- FINAL OVERNIGHT ROOM OCCUPANCY REPORT PROVIDED BY HOTEL PROPERTY(S)
- FACILITY RENTAL INVOICE AND FOOD AND BEVERAGE EXPENSE INVOICE(S)
- OFFICIAL TICKET SALES REPORT (IF APPLICABLE)
- ALL OTHER INVOICES APPLICABLE TO YOUR EVENT

EVENT INFORMATION

EVENT NAME: _____

ORGANIZATION NAME: _____

PLANNER: _____

PHONE: _____ **EMAIL:** _____

MAILING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

ACKNOWLEDGEMENT

I certify that this project met all eligibility requirements as outlined in the Visit Jackson Funding Program Guidelines, and that all information contained within this Final Report and all attachments are true and correct to the best of my knowledge.

Signature: _____

Title: _____ Date: _____

OFFICIAL USE ONLY:

Date Received:	Doc. Verified:	Amount Received: