



## 2018-2019 FUNDING PROGRAMS

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

INFORMATION MUST BE RECEIVED IN THE VISIT JACKSON OFFICE BY **July 13, 2018**.

#### 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 \_\_\_\_\_

**All Applicants must adhere to the following clause.  
For this document the following terms apply: All third party booking companies must comply with the terms, definitions and with the overnight room pick-up guidelines specified in the body of the funding application.**

\*\*\*\*\*

**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 2018-2019  
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 SUBMITTED AS ATTACHMENTS:**

INFORMATION MUST BE RECEIVED IN THE VISIT JACKSON OFFICE BY August 30, 2019. (If event occurs in September, information must be received by October 15, 2019)

- 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:**

<b>Date Received:</b>	<b>Doc. Verified:</b>	<b>Amount Received:</b>