

**JACKSON CONVENTION & VISITORS BUREAU 2011-2012 FUNDING PROGRAMS**

**CONVENTION & MEETING SUPPORT APPLICATION**  
*For Meetings, Conferences/Conventions, Tradeshow,  
Equine Events, Sporting Events, and Reunions*

**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)**

---

---

---

---

---

---

---

**Choose one of the following:**

Meeting    Conference/Convention    Tradeshow    Equine Event    Sporting Event    Reunion

Choose one of the following:

New event    2nd year event    3rd year event    4th year event    5th year event

***ECONOMIC IMPACT INFORMATION***

**Total Expected Attendance:**

Will your event attract attendees from more than 100 miles outside the Jackson area?

yes    no   If "yes," how many?

---

Will your event attract or influence local area citizens?

yes    no   If "yes," what percentage?

---

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

yes    no   If "yes," how many?

---

How many people outside of Jackson will be exposed to your event? \_\_\_\_\_

Prospective Food & Beverage Cost: \_\_\_\_\_ / Facility: \_\_\_\_\_

Prospective Facility/Room Rental Cost: \_\_\_\_\_ / Facility: \_\_\_\_\_

Potential Number of Blocked overnight room: \_\_\_\_\_/Facility: \_\_\_\_\_

Headquarter Hotel Name: \_\_\_\_\_

Other Hotel Name: \_\_\_\_\_

Other Hotel Name: \_\_\_\_\_

Other Hotel Name: \_\_\_\_\_

Will your event require meeting rooms or exhibit space  yes  no

If "yes," where? \_\_\_\_\_

**Please complete the following information on your last two events:**

date(s)	location	total attendance	# room nights
_____	_____	_____	_____
_____	_____	_____	_____

**Sporting & Equine Events Only:**

Total # of competitors \_\_\_\_\_ # competitors from more than 100 miles outside Jackson

\_\_\_\_\_

\_\_\_\_\_

**Have you previously received any underwriting from the Jackson CVB?**  yes  no

Event Name \_\_\_\_\_ Date \_\_\_\_\_ \$ Amount \_\_\_\_\_

Event Name \_\_\_\_\_ Date \_\_\_\_\_ \$ Amount \_\_\_\_\_

Event Name \_\_\_\_\_ Date \_\_\_\_\_ \$ Amount \_\_\_\_\_

**JACKSON CONVENTION AND VISITORS BUREAU  
CONVENTION & MEETING SUPPORT PROGRAM 2011-2012**

\*\*\*\*\*

**ACKNOWLEDGEMENT**

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

Organization \_\_\_\_\_

By \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

.....

**RETURN TO:** Convention & Meeting Support Program Administrator  
Jackson Convention and Visitors Bureau  
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**

**JCVB Convention & Meeting Support 2011-2012  
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 JCVB OFFICE BY SEPTEMBER 30, 2012. (If event occurs in September, information must be received by October 15, 2012.)

- FINAL OVERNIGHT ROOM OCCUPANCY REPORT PROVIDED BY HOTEL PROPERTY(S)
- FACILITY RENTAL INVOICE AND/OR FOOD AND BEVERAGE EXPENSE INVOICE(S)
- OFFICIAL TICKET SALES REPORT (IF APPLICABLE)
- ALL OTHER INVOICES APPLICABLE TO YOUR EVENT
- SPORTING & EQUINE EVENTS ONLY:** LIST NAMES AND CITIES OF ALL PARTICIPANTS FROM MORE THAN 100 MILES OUTSIDE JACKSON. **PLEASE SUBMIT THIS DOCUMENT IN SPREADSHEET FORMAT.**

**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 Jackson Convention and Visitors Bureau 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>