

TOURISM HAMILTON CONVENTION INCENTIVE APPLICATION

Kindly complete this form and forward to Christine Roy, Tourism Coordinator – Sales 28 James St. N., Hamilton, Ontario L8R 2K1 Phone: 905-546-2424 x5362 E-mail: christine.roy@hamilton.ca

Contact Person:	Telephone:
E-mail address: Organization Name (Cheque will be made out t Current President: Address:	Fax: o this name):
Website: Name of Convention: Date of Convention: Location of Convention:	
Provide a brief history of your organization (Constitution, Charter and/or By-Laws) and indicate if it is incorporated as a non-profit or charitable organization:	
Non-profit Registration Number (required):	
What are the general objectives and/or functio	ns of your organization?
Provide number of contracted accommodation 10 rooms per night x 3 nights = 30 room nights) Please provide supporting documents, if reques	•
Name of hotel/accommodations room blocks w	vere booked:
Provide number of total paid registered delegates at previous year's conference:	
Number of paid registrants this year: Number of People Attending from OUTSIDE of the City of Hamilton (overnight guests): Number of People Attending from the local area (non-overnight):	
Amount of Grant Request:	
Explain briefly the nature of the event for which financial assistance is requested. (i.e. Annual Conference, Welcome	

THANK YOU FOR YOUR EFFORTS IN BRINGING CONVENTIONS AND MEETINGS TO THE CITY OF HAMILTON

Reception/Banquet, Speakers, Transportation etc.).