

Organization Name _____

Business Location _____

Meeting Name _____

Meeting Start Date _____ Meeting End Date _____

Anticipated Number of Room Nights Peak _____ Total Number of Room Nights _____

Henderson Hotels Under Consideration _____

Incentive Details

Meeting sizes of 100 rooms nights or more qualify for an incentive. 100 rooms nights: \$500 200 rooms nights \$1,000 300 room nights \$2,000. The incentive will end after the funds of \$20,000 are depleted.

APPLICANT

Name _____ Company _____

Address _____ City _____

State _____ Zip _____ Phone (____) _____ Email _____

Preferred Method of Contact Mail Email Phone Call

Terms and Conditions: This Meeting Incentive Program Application ("Program Application") is subject to the approval of the annual funding for the City of Henderson Economic Development & Tourism Department. In the event the City of Henderson Economic Development & Tourism Department is not funded or reduced in funding during the timeframe in which the meeting that is the subject of this Program Application is due to take place, then this Program Application agreement shall be deemed invalid and shall be considered void and of no effect. In addition, should funding for this Program Application is no longer be available to the City of Henderson's Economic Development & Tourism Department during the timeframe in which the meeting that is the subject of this Program Application is due to take place, then this Program application agreement shall also be deemed to be invalid and of no effect. By clicking "I Agree", on behalf of the applicant Organization, I will indemnify, defend and hold harmless, the City of Henderson, it's employees, Mayor and Council and any and all associates, from and against any and all actions, in law or equity, from liability or claims for damages, demands or judgements to any person or property which may result now or in the future from the conduct of this event. I have read and voluntarily signed the release and waiver of liability and Indemnity Agreement, and further agrees that no oral representations, statements, or inducements apart from the foregoing written agreement have been made.

I have read the program eligibility requirements.

By signing this document I acknowledge that to the best of my knowledge the above list includes the names of all owners, officers, general partners, managers of limited liability companies, and all other ownership interests in either the applicant or owner. Only original notary accepted.

Owner's Signature

Print Name

