

How do I Become a Partner?

Once you have read the **Great Lakes Tourism Partners Program 10/11 Brochure** and have decided on the Level of Partnership you wish to join, you will need to complete the enclosed Application Form as fully as possible. We will use the information you provide to create your business webpage and directory listing.

We have also included a Terms & Conditions declaration. This needs to be signed and returned with your Application Form.

If you require any assistance with completing your application please do not hesitate to contact us on 02 6554 8799 or email tourism@greatlakes.nsw.gov.au.

Remember your webpage is your 'Online Shop Front' to potential customers ~ make it count!

Checklist

I have.....

- Completed my Application Form
- Provided all relevant Contact & Banking details
- Emailed images for my webpage
- Signed the Terms & Conditions Form
- Provided payment

Please send completed partnership documents with payment to:

Great Lakes Tourism,
PO Box 117,
Forster, NSW, 2428

Information can also be faxed to 02 6555 6185 or emailed to tourism@greatlakes.nsw.gov.au.

Images should be emailed to tourism@greatlakes.nsw.gov.au

GREAT LAKES TOURISM 10/11 PARTNERS PROGRAMME

APPLICATION FORM - ACCOMMODATION PROVIDERS -

Please complete the following form as comprehensively (and as clearly) as possible. The information will be used to set up your webpage on www.greatlakes.org.au. If you have more than one business/property you will need to complete a separate form for each.

Membership Level: LEVEL 1 (\$150) LEVEL 2 (\$350) LEVEL 3 (\$550) PLATINUM (\$1000)
(please circle)

SECTION 1 ~ Contact Details

BUSINESS DETAILS		
Business Name		
ABN (if you do not have an ABN please complete & attach a Statement by Supplier Form – available from Forster VIC if required)		
GST Registered (yes/no)		
Postal Address	STREET:	TOWN:
	STATE:	POSTCODE:

CONTACT PERSON(S)	
Surname	
First Name	
Email Address	
Tel	
Mobile	
Fax	
Surname	
First Name	
Email Address	
Tel	
Mobile	
Fax	

PREFERRED METHOD OF CONTACT	
<i>The majority of our daily communication is via email, however if you would prefer to receive the MONTHLY PARTNERS NEWSLETTER by fax please indicate below. NOTE: all info regarding specials, marketing etc will still be sent via email.</i>	
Fax me the Monthly Newsletter	YES / NO
Fax number	

SECTION 2 ~ Webpage Information

CONTACT DETAILS TO BE DISPLAYED ON YOUR WEBPAGE		
Business Address	STREET:	TOWN:
	STATE:	POSTCODE:
Email Address <i>(for customer enquiries)</i>		
Tel:		
Mobile:		
Fax:		
Website address:		

KEY DETAILS		
<i>Operators with multiple accommodations (eg. motels, apartment blocks, holiday parks) should complete the following information for each of the different accommodation types.</i>		
Maximum No. Property Sleeps	No. of bedrooms	Bedroom configuration <i>(eg: 1x Queen, 1 x Double, 2 x Singles, 1 x rollout)</i>

PROPERTY DESCRIPTION
<i>Provide the customer with a detailed description of your business and what they'll love about it. This is your change to SELL your property. Approx 200 – 300 words is ideal.</i>

Key Features <i>(Please circle those that apply to your property & then list any specific features you'd like to advertise)</i>	Air Conditioning	Austar	BBQ
	Car Parking -	Car Parking - secure	Children's facilities / activities *
	Disabled facilities *	Free internet access	Laundry facilities
	Linen not provided	Linen provided	Linen hire available
	Log Fire/Wood Heater	Onsite Café/Coffee Shop	Onsite Shop/Kiosk
	Onsite Restaurant	Outdoor Dining Facilities	Pet friendly *
	Room service	Reverse Cycle Air Conditioning	Spa Bath
	Swimming Pool – heated	Swimming Pool - indoor	Swimming Pool – outdoor
	Trailer/Boat Parking	Wireless Broadband	
	OTHER – please specify.		
* Please provide details of these facilities / policies.			

AAA Rating
(Please specify & include Record Number)

DIRECTIONS TO PROPERTY
Assume your customer has made it into the centre of town and direct them to your property from here. These directions will be displayed on the guest's itinerary to make it easier for them to find you!

PHOTOGRAPHS

We require all webpage(s) to be accompanied by photos/images. Photos should be in jpg format and of good quality. We can adjust the resolution and size before uploading onto the site. Remember you can also attach a photo for each room/unit on the booking search results. Please email images to sharon.bultitude@greatlakes.nsw.gov.au.

SECTION 3 ~ Accommodation Booking

All advertised properties **MUST** be available for booking through Great Lakes Tourism. We offer **TWO** booking options*. Please circle preferred option:-

1. **Online Booking Facility** – we will contact you to arrange the set up of this facility
2. **Booking Enquiry Form**

* Please refer to the attached information sheet to decide which option best suits your business.

ACCOMMODATION RATES		
<i>Please attach a copy of your rates calendar 2010/2011 or complete the following section for each of your accommodation types.</i>		
Date period	Rate	Booking Conditions
<i>eg. Xmas 16/12/2010 – 28/01/2011</i>	<i>Eg1: Cabin: \$1000 p/w for 2 adults + \$30 pp extra adult Eg2: Sites: \$100 p/n</i>	<i>Eg 1: Minimum 7 nights. Price based on 2 people.</i>
Date period	Rate	Booking Conditions
Date period	Rate	Booking Conditions
Date period	Rate	Booking Conditions
Date period	Rate	Booking Conditions

Date period	Rate	Booking Conditions
Cancellation Policy (Ref 7) <i>(If no policy specified the Great Lakes Tourism general Cancellation Policy will apply)</i>		
Email for Booking Enquiries <i>(all booking enquiries from GLT will be sent to this address - to be checked daily before 10am)</i>		

PAYMENT DETAILS (required for depositing your booking monies)	
Bank Name	
Bank Branch	
BSB No.	
Account No.	
Account Title	

SECTION 4 ~ Payment

MEMBERSHIP PAYMENT				
Payment Amount (Please circle) <i>If Part payment option is selected you will be invoiced in Feb 2011 for the final instalment.</i>	LEVEL 1 (Full) \$150		LEVEL 1 (Part) \$75	
	LEVEL 2 (Full) \$350		LEVEL 2 (Part) \$175	
	LEVEL 3 (Full) \$550		LEVEL 3 (Part) \$275	
	PLATINUM (Full) \$1,000			
Payment Method (Please circle)	Credit Card*	Cheque	Cash	Eftpos
* Credit Card Details	Card No:			
	3 Digit Security Code:			
	Expiry Date:			
	Name on Card:			
	Signature:			

Please Complete and Return with Payment to Great Lakes Tourism, PO Box 117, Forster, NSW, 2428.

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Terms & Conditions

In completing this application it is acknowledged that:

1. The partnership level was selected after reading through the benefits schedule.
2. The contact person and postal address are suitable for all postal correspondence.
3. The email address provided is checked daily and is where all notices and newsletters/updates can be sent.
4. All approvals, licenses from relevant Authorities have been obtained.
5. This partnership is for the business as completed within the attached form and is not transferable.
7. Partners agree to abide by all reasonable decisions of Great Lakes Tourism and Council.
8. Great Lakes Tourism reserves the right to alter/remove content on www.greatlakes.org.au and associated Great Lakes Tourism sites and marketing material at any time.
9. You permit a hyperlink between your website and www.greatlakes.org.au.
10. Great Lakes Tourism will adhere to all privacy laws.

Great Lakes Tourism agrees to book accommodation &/or activities on behalf of partners using the Bookeasy reservation system subject to the following conditions:

11. 10% commission will be charged on all sales. This includes bookings made from referrals/quotes given to the customer at any Great Lakes Visitor Information Centre.
12. Partners are solely responsible for informing Great Lakes Tourism of any changes to their content, prices and product listing.
13. Partners are solely responsible for any obligations arising from the GST legislation.
14. The email address provided is checked daily before 10am for bookings & any required confirmation/follow-up action taken.
15. Payment will be deposited in one payment after the booking has been fulfilled.

This agreement stands until 30th June 2011.

I have read and understood my responsibility and obligation pertaining to my partnership with Great Lakes Tourism.

Partner

Name _____

Signature _____

Business _____

Date _____

Great Lakes Tourism

Manager Tourism & Marketing _____

Date _____