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Jefferson Convention & Visitors Bureau, Inc. Kenner Tourism Event Funding Application Form

	nization Information ation Date:			
Organi	zation Name:			
Addres	55:	City:	State:	Zip:
Contac	ct Person & Title:			
E-mail Address:			_ Website:	
	t Information of Event:	,	Amount requested:	
Event Date(s):			Event Location(s):	
	be the Event:			
	Ability to generate significant economic activity within the City of Kenner through generation or overnight stays Ability to draw people from outside the local market or attract a new visitor audience Ability to generate out-of-area marketing event/destination exposure including PR, traditional media, web and social media			
Estima	ted Attendees outside of Kenner:		Estimated Total Atten	dees:
Estima	ted number of hotel rooms generated:			
How w	vill visitor attendees and room nights be	tracked? _		
How s	pecifically will the funds be utilized?			
How w	vill the CVB be recognized for sponsorsh	nip?		
Signat	ure of Applicant:		Date:_	