



I/We would like to join Destination DC and support its programs to bring conventions and visitors to Washington, DC and the Capital Region. I understand that Destination DC’s mission is to market the destination for the maximum benefit of the community. While Destination DC tries to provide beneficial programs for members, not all programs are appropriate for all members. Destination DC reserves the right and responsibility to determine the most appropriate participants for each program. Policies may result in a member being excluded from certain programs. This application for membership is accompanied by our annual dues payment which affirms our commitment to Destination DC’s initiatives.

COMPANY NAME (As you would like it to appear in all Destination DC listings)			
Please check the following that apply: <input type="checkbox"/> LSDBE <input type="checkbox"/> Minority-Owned <input type="checkbox"/> Non-profit <input type="checkbox"/> Woman-Owned			
PHYSICAL ADDRESS (Will be printed in publications and published online; no P.O. Boxes)			
Street Address:	City:	State:	Zip:
Telephone: ()	Fax: ()	Toll-Free: ()	
Website Address:	Business Email:		
BILLING/MAILING ADDRESS (Complete only if bill/mail should be sent to address other than “physical”)			
Street Address/P.O. Box:	City:	State:	Zip:
Telephone: ()	Fax: ()	Toll-Free: ()	
LIST OF COMPANY CONTACTS			
Primary Contact:	Phone: ()	Preferred Communication:	
Title:	Email:	<input type="checkbox"/> Email <input type="checkbox"/> Phone	
Billing Contact:	Phone: ()	Preferred Communication:	
Title:	Email:	<input type="checkbox"/> Email <input type="checkbox"/> Phone	
Lead Catcher:	Phone: ()	Preferred Communication:	
Title:	Email:	<input type="checkbox"/> Email <input type="checkbox"/> Phone	
Additional Contact:	Phone: ()	Preferred Communication:	
Title:	Email:	<input type="checkbox"/> Email <input type="checkbox"/> Phone	

Your membership is for one full year from the date on which you join. **Unless notified in writing, membership renewal is automatically assumed by Destination DC at the time of billing.** Cancellations are requested in writing a minimum of 30 days before the renewal date. The Membership Department may automatically cancel any member whose membership investment is more than 90 days past due and may suspend any member as the need becomes apparent. Membership benefits do not begin until Destination DC receives this application fully completed along with your dues investment. Destination DC reserves the absolute right to reject a membership application or any publication copy that it, in its sole judgment, deems inappropriate. Destination DC may suspend or expel any member who has sold, distributed or given to non-members any of Destination DC’s confidential or “members only” materials or if the conduct or any member is prejudicial to the best interest of the City or Destination DC.

Authorized Applicant Signature: _____ Date: _____

Your signature verifies that all information on this application is accurate and true. Please complete the membership application and payment method form. Upon completion, return the application along with your annual dues payment to the Membership Department. Once processed, a copy of your membership application will be returned to you for your files, upon request.

rev. 12/10

For Destination DC Office Use Only:
 IP # _____

MEMBER INFORMATION

Publications

Please follow instructions on the Publications code sheet (attached) and fill in your Major and Minor codes below. Please choose your Minor codes within the appropriate Major code grouping. Destination DC reserves the right to edit codes. (Example: Major: Accommodations, Minor: DC Accommodations; Major: See and Do, Minor: Attractions, Minor: Museums)

Major: _____ Minor: _____ Minor: _____

Publication Description

Please do not exceed 350 characters (including spaces). Destination DC reserves the right to edit descriptions.

Website Description

Please do not exceed 1500 characters (including spaces). Destination DC reserves the right to edit descriptions.

Location (check one)

- | | | | | | |
|--|--------------------------------------|---|---------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Adams Morgan | <input type="checkbox"/> Anacostia | <input type="checkbox"/> Brookland | <input type="checkbox"/> Capitol Hill | <input type="checkbox"/> Chinatown | <input type="checkbox"/> Downtown |
| <input type="checkbox"/> Dupont Circle | <input type="checkbox"/> Embassy Row | <input type="checkbox"/> Foggy Bottom | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Mount Vernon Sq. | <input type="checkbox"/> Penn Quarter |
| <input type="checkbox"/> Shaw | <input type="checkbox"/> Southeast | <input type="checkbox"/> Southwest/Waterfront | <input type="checkbox"/> U St/Cardoza | <input type="checkbox"/> Upper Northwest | |
| <input type="checkbox"/> Maryland | <input type="checkbox"/> Virginia | | | | |

Nearest Metro Station: _____

Credit Cards Accepted (check all that apply)

- | | | | |
|---|--|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> American Express | <input type="checkbox"/> Carte Blanche | <input type="checkbox"/> Diners Club | <input type="checkbox"/> Discover |
| <input type="checkbox"/> MasterCard | <input type="checkbox"/> Visa | | |

Photos

If you would like to provide photos for your web listing and/or contribute to the Destination DC photo library, please send photos to partnerships.updates@destinationdc.com

ACCOMMODATIONS ONLY

Amenities (check all that apply)

- | | | | |
|--|---------------------------------------|--|---|
| <input type="checkbox"/> Adjoining Rooms | <input type="checkbox"/> Balcony | <input type="checkbox"/> Cable | <input type="checkbox"/> Coffeemaker |
| <input type="checkbox"/> Feature Movie | <input type="checkbox"/> Game Console | <input type="checkbox"/> Hair Dryer | <input type="checkbox"/> Handicapped Access |
| <input type="checkbox"/> In-Room Safe | <input type="checkbox"/> Iron Board | <input type="checkbox"/> Mini Bar | <input type="checkbox"/> Robes |
| <input type="checkbox"/> Speaker Phone | <input type="checkbox"/> Voicemail | <input type="checkbox"/> Wi-Fi / Cable Modem / High-Speed DSL / T1/T3 line | |

Facilities (check all that apply)

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Café/Coffee Shop | <input type="checkbox"/> Coin-Operated Laundry | <input type="checkbox"/> Fitness Center | <input type="checkbox"/> Fitness Center Privileges |
| <input type="checkbox"/> Free Parking | <input type="checkbox"/> Indoor Pool | <input type="checkbox"/> Outdoor Pool | <input type="checkbox"/> Sauna/Steam Room |
| <input type="checkbox"/> Self Parking | | | |

Rooms (fill in the appropriate number)

Sleeping Rooms _____ Suites _____ Meeting Rooms _____

Room Rate (check one)

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> \$ (Under \$150) | <input type="checkbox"/> \$\$ (\$151-\$250) | <input type="checkbox"/> \$\$\$ (\$251-\$350) | <input type="checkbox"/> \$\$\$\$ (Over \$350) |
|---|---|---|--|

Services (check all that apply)

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Airport Shuttle | <input type="checkbox"/> Business Center | <input type="checkbox"/> Club Level | <input type="checkbox"/> Coffee/Tea Service |
| <input type="checkbox"/> Complimentary Breakfast | <input type="checkbox"/> Concierge | <input type="checkbox"/> Daily Newspaper | <input type="checkbox"/> FIT Voucher |
| <input type="checkbox"/> Laundry Service | <input type="checkbox"/> Multilingual Staff | <input type="checkbox"/> Room Service | <input type="checkbox"/> Shoe Shine |
| <input type="checkbox"/> Turn-Down Service | <input type="checkbox"/> Valet | | |

Suites (check all that apply)

- | | | | |
|--------------------------------------|---|---------------------------------------|---|
| <input type="checkbox"/> Kitchenette | <input type="checkbox"/> Microwave Oven | <input type="checkbox"/> Refrigerator | <input type="checkbox"/> Separate Dressing Area |
|--------------------------------------|---|---------------------------------------|---|

Distance from Convention Center (check one)

- | | | | |
|-------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> 4-8 blocks | <input type="checkbox"/> 1-1 ¼ miles | <input type="checkbox"/> 1 ½-2 miles | <input type="checkbox"/> 2-2 ½ miles |
|-------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|

Meeting Space (conference centers included)

- Check here if your property offers meeting space

If you offer meeting space please provide Destination DC with a high-resolution digital format or camera-ready floor plan to be used in the *Meeting and Destination Planning Guide*. Please email floor plans to Destination DC at floorplans@destinationdc.com. Files must be under 4 MB in size and sent in one of the following formats: eps, tif or jpg. Destination DC's Partnerships Department will also contact you to load your meeting room specifications on our member extranet.

Meeting Space Amenities (if applicable, check all that apply)

- | | | | |
|--|---------------------------------|------------------------------|-------------------------------------|
| <input type="checkbox"/> A/V Equipment | <input type="checkbox"/> Easels | <input type="checkbox"/> Fax | <input type="checkbox"/> Flip Chart |
| <input type="checkbox"/> Portable Stages | | | |

ATTRACTIONS ONLY

Length of Tour _____ Group Minimum _____ Group Maximum _____

Price (check price of average adult ticket)

\$ (Free) \$\$ (Under \$12) \$\$\$ (\$13 - 30) \$\$\$\$ (\$31 +)

Unique Venue

Check here if you are a unique venue. To qualify you must rent out your facility to the public for special events.

No hotels/accommodations will be listed in this category. If you checked this box, please fill out the attached Unique Venues form. These specifications will be listed in the annual *Unique Spaces Guide*.

RESTAURANTS ONLY

Type of Cuisine (check **one**)

<input type="checkbox"/> African	<input type="checkbox"/> American	<input type="checkbox"/> Asian	<input type="checkbox"/> Bakery	<input type="checkbox"/> Barbeque
<input type="checkbox"/> Belgian	<input type="checkbox"/> Brazilian	<input type="checkbox"/> British	<input type="checkbox"/> Cajun	<input type="checkbox"/> Caribbean/Cuban
<input type="checkbox"/> Chinese	<input type="checkbox"/> Contemporary	<input type="checkbox"/> Continental	<input type="checkbox"/> Creole	<input type="checkbox"/> Culinary Classes
<input type="checkbox"/> Ethiopian	<input type="checkbox"/> Fondue	<input type="checkbox"/> French	<input type="checkbox"/> German	<input type="checkbox"/> Greek
<input type="checkbox"/> Health Food	<input type="checkbox"/> Ice Cream	<input type="checkbox"/> Indian	<input type="checkbox"/> Irish	<input type="checkbox"/> Italian
<input type="checkbox"/> Japanese	<input type="checkbox"/> Latin	<input type="checkbox"/> Mediterranean	<input type="checkbox"/> Mexican	<input type="checkbox"/> Middle Eastern
<input type="checkbox"/> Moroccan	<input type="checkbox"/> Russian	<input type="checkbox"/> Seafood	<input type="checkbox"/> Soul Food	<input type="checkbox"/> Southwestern
<input type="checkbox"/> Spanish	<input type="checkbox"/> Thai	<input type="checkbox"/> Varies	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Vietnamese

Meals Served (check all that apply)

Breakfast Brunch Lunch Dinner

Price (check price of avg. entrée)

\$ (under \$30) \$\$ (\$31-\$50) \$\$\$ (Over \$50)

Reservations (check **one**)

Required Suggested Not Accepted

Seating Capacity

Total Seating Capacity: _____ Private Room Capacity: _____

Private Dining

Check here if you offer private dining space.

For the purpose of this publication, private dining space is defined as a space or room separated by a wall or enclosed by a door. If you checked this box, please fill out the attached Private Dining form. The private dining specs will be listed in the annual *Unique Spaces Guide*.

TRANSPORTATION, TOUR & DESTINATION MANAGEMENT COMPANIES ONLY

Services (Please indicate the services you provide by checking the boxes below)

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Airport Shuttle | <input type="checkbox"/> Car & Driver | <input type="checkbox"/> Coach Operator | <input type="checkbox"/> Executive Coaches |
| <input type="checkbox"/> FIT/Voucher Programs | <input type="checkbox"/> Group Charter | <input type="checkbox"/> Handicap Accessibility | <input type="checkbox"/> Incentive Programs |
| <input type="checkbox"/> Limousines | <input type="checkbox"/> Meet & Greet | <input type="checkbox"/> Minibuses | <input type="checkbox"/> Motor Coaches |
| <input type="checkbox"/> Multilingual Tours | <input type="checkbox"/> Regularly-scheduled Tours | <input type="checkbox"/> Step-on | <input type="checkbox"/> Student Tours |
| <input type="checkbox"/> Vans | | | |

of Vehicles (check one)

- | | | | |
|------------------------------|-------------------------------|--------------------------------|------------------------------|
| <input type="checkbox"/> 1-5 | <input type="checkbox"/> 6-10 | <input type="checkbox"/> 11-20 | <input type="checkbox"/> 20+ |
|------------------------------|-------------------------------|--------------------------------|------------------------------|

Tours Depart From (location) _____

PAYMENT METHOD

Company Name: _____

Contact Name: _____

Phone:
()

Membership annual dues: \$ _____

Check or money order enclosed. Please make check payable to "Destination DC"

Please charge \$ _____ to the credit card specified: Mastercard Visa American Express Discover

Credit Card Number: _____

EXP date: _____ V-Code: _____ (numeric code on back of card)

Name as it appears on card:

Authorized Signature:

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