

SEDONA VERDE VALLEY MARKETING ALLIANCE COMMITMENT FORM

The Sedona Verde Valley Marketing Alliance invites you to partner with us in phase 2 of the independent private sector marketing program. This campaign will continue to promote Sedona and the Verde Valley and will be funded by local businesses, managed and executed by the Sedona Chamber of Commerce & Tourism Bureau, with the oversight of the SVVMA marketing committee. The marketing committee will be comprised of 6 marketing professionals from participating businesses, CEO of the Chamber of Commerce & Tourism Bureau and the Sedona Lodging Council Board of Directors.

This Agreement is entered into this day (date)_____ by and between the Sedona Verde Valley Marketing Alliance (SVVMA) and (Company)_____.

The SVVMA shall hire the Sedona Chamber of Commerce & Tourism Bureau to provide destination marketing and sales programs intended to increase sales for the businesses that participate in phase 2 of the marketing program. This agreement will commence October 1, 2023 and will remain in effect until September 30, 2024. As consideration for destination marketing and sales efforts by the Sedona Chamber of Commerce & Tourism bureau, the company shall make payments to the Sedona Chamber of Commerce based on the contribution amount designated below. Payments can be made monthly or quarterly and will be due on the 1st of every month or the 1st day of the quarter. Marketing considerations such as desired markets and strategies will be required from the SVVMA marketing committee which the SCC&TB will then utilize to develop plans, tactics, and creative concepts for marketing and sales programs. The businesses participating in this program will receive regular performance measurements.

Please fill out this form and email it to Cheryl Barron, President of the Sedona Lodging Council at SedonaLodgingCouncil@gmail.com

Authorized signer name_____

Annual Contribution Amount:

Company_____

\$_____

Address_____

Payment Plan:

City,State,Zip_____

Monthly Amt:_____

Email_____

Quarterly Amt:_____

Phone_____

As the authorized signer for the company stated above, I agree to

Dated:_____

Authorized Signer:_____

Printed Name:_____

Title:_____