



On-Going Visit Hendersonville, NC Rewards Card Participation Form

Henderson County Tourism Development Authority • 201 South Main Street • Hendersonville, NC 28792 • 828.693.9708

Henderson County Tourism Development Authority has enhanced its Rewards Card Program to one card that is **valid year round** and updated quarterly can be used by multiple segments of our industry. If you have not participated but would like to do so, please fill out this form and return to email below. TDA's website hosts a dedicated page to promote this program throughout the year. This program promotes businesses and encourages longer stays by visitors in Henderson County.

Participation

Participation is free to all Henderson County tourism related businesses. All you have to do is fill out the attached form indicating what you are willing to offer. This form will serve as a contract that guarantees that you will honor your business reward unless you change your reward each quarter or decide to not participate.

If you are currently participating and would like to change your reward for the fall quarter, please use this form as well.

Submit form to Julie Hayes, outreach@visithendersonvillenc.org, or fax it to 828.697.4996, or bring it by the Visitor Center. New cards will be printed with the new marketing campaign and ready for distribution by the end of August 2019 and in time for the Apple Festival. Please submit one form per business. Please continue to honor the original card with the tent campaign as well as the new one. We will send an email with the new look for reference.

Thanks to all that have participated in past Rewards Cards. This program is designed to drive more traffic to your business. It will provide additional incentive for people to spend money in our community! HCTDA will promote the rewards card on the website and in the Visitor Center. We hope you will promote the program as well. Cards will be provided to all participating businesses to distribute as well.

Please call or email if you have any questions concerning this program.

-----SPECIAL OFFFER-----

Business Name _____

Contact _____ Business Phone _____

Address _____

Email _____ FAX _____

Website _____

Signature _____ Date _____

Special _____

Office Use Only: Date Form Submitted: _____ Special Approved _____
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