

501 S. Main St, Pendleton Oregon 97801 • (541) 276-7411 • kristen@travelpendleton.com

**Hold your next event in Pendleton, Oregon and your group can get cash REWARDS!**

**ROOM REBATE PROGRAM GUIDELINES**

We have a special program to assist you in bringing your groups, conventions and/or meetings to Pendleton. Our special incentive program funding can assist with costs of meals, bringing in a special speaker, entertainment, or whatever special needs your group may have. You control what you use the funds for, we just provide them. This program is simple; all you really need to do is start with Travel Pendleton. Pendleton might be the surprise of your life with small town atmosphere and costs while providing great modern amenities.

This program is our way to encourage groups that are looking for a location for their next event to think and choose Pendleton. The spreadsheet below explains the incentives to include in your packet of materials to your site selection committee. We will also be happy to assist you with information to include in your packet regarding activities, dining, and entertainment options available in Pendleton.

Only properties inside the city limits of Pendleton, Oregon participate in this program. All reporting forms are due back within 15 days of close of event.

Reporting forms will be verified by participating properties.

All Rebates are paid out after your event and the participating properties report back on how many rooms were sold.

Travel Pendleton is committed to making Pendleton the best choice for your next event.

Levels of Room Rebates

|  |  |  |
| --- | --- | --- |
| Total Room Nights | Rebate Per Room Night | Rebate |
| Min | Max |
| 25 | 200 | $4.00 | $100.00 | $800.00 |
| 201 | 400 | $5.00 | $1,005.00 | $2,000.00 |
| 401 | 600 | $6.00 | $2,406.00 | $3,600.00 |
| 600 | 1000 | $7.00 | $4,200.00 | $7,000.00 |



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ROOM REBATE

**PROGRAM APPLICATION**

All applications to be pre-approved by Travel Pendleton due to budget limitations

Organization Name:

Event Name: Representative Name:

Mailing Address:

City State ZIP:

Telephone Number:

Fax number:

Email address:

Preferred Arrival Date:

Preferred Departure Date:

Alternate Arrival Date:

Alternate Departure Date:

Attendance:

Decision Date:

Other (please specify):

# Sleeping Room Forecast :-

Dates Requested:

Number of guest rooms needed per night:

Percentage: single, double, triple, quad:

# Special Requests :-

ADA rooms, locations, airport transportation, etc.:

Tax ID number or EIN:

Completed W9 must be included with this form. Signature: Date: