



1) Please provide the following information for your listing in print and online:

Business Name: _____

Contact/Owner Name: _____

Physical Address (location): _____

Mailing Address: _____

Town: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____ Web _____

2) Choose BASIC or ENHANCED Business Partnership level of support:

\$100 BASIC Business Partnership / \$50 BASIC Nonprofit 501(c) Partnership

(Basic listing = name, address, phone, fax, email, and website)

OR

\$250 ENHANCED Business Partnership / \$100 ENHANCED Nonprofit 501(c) Partnership

If you chose the ENHANCED level please include a description of your business or nonprofit for publication in *Explore!* and on TLGV's website, and send an electronic version of your logo to marcy@tlgv.org. Fifty (50) word limit please:

3) Choose one category where you would like your listing to appear (Optional: choose additional categories for an extra fee of \$20 each):

- Accommodations Astronomy/Night Sky Bicycling/Mountain Biking Boating/Fishing
- Camping Chambers/Economic Development Disc Golf Education
- Farms/Orchards/Nurseries Hiking/Walking/Strolling Trails Horseback Riding/Camping
- Hunting Labyrinths/Mazes Letterboxing/Geocaching Museums/Historic Sites
- Nonprofits Outdoor Activities/Sites Paddling Retail – Arts/Antiques/Uniques
- Scenic Overlooks/Views Service Businesses Skate Parks Swimming/Scuba Diving
- Tastes & Sips Theaters/Entertainment Winter Activities

4) Optional: List additional business locations/addresses for an extra fee of \$20 each:



5) Payment for your choice(s):

Basic Business Partner \$100 \$ _____
Basic Nonprofit Partner \$50 \$ _____
Enhanced Business Partner \$250 \$ _____
Enhanced Nonprofit Partner \$100 \$ _____
Additional Categories and/or Locations @ \$20 each \$ _____

Yes! Add my donation to help support TLGV's work \$ _____

Total Amount Due \$ _____

6) Payment Method:

- Please bill me
- Check enclosed (Please make check payable to: The Last Green Valley, Inc.)
- Charge my credit card (You may also call the office to provide your credit card info)

MC VISA AMEX Name on Card: _____

Credit card #: _____

Expiration date (month/year): _____ Billing address zip code: _____

Contract terms: 1) The Last Green Valley, Inc. (TLGV) agrees to print the listing and advertisement described on this contract for the partner listed at the stated price. No verbal contract will be recognized. 2) TLGV reserves the right to reject any listing and/or advertising and will make final editorial and placement decisions. 3) Partners and advertisers assume responsibility and liability for all claims against TLGV arising from printed content of advertising. 4) All rates are net. 5) All payments must be received prior to February 28th or listing will be omitted. 6) Please fax, email, or mail completed contract to: The Last Green Valley, P.O. Box 29, Danielson, CT 06239. Fax# (860) 774-8543. Please call (860) 774-3300 or email: marcy@tlgv.org with any questions.

7) Authorized Signature: _____

Please print name: _____

Title: _____ Date: _____

All submissions will receive confirmation within one week of receipt. Please call 860-774-3300 if you do not hear from us in that time. Thanks very much!

**Thank you! Together we can care for, enjoy, and pass on
The Last Green Valley National Heritage Corridor!**