

Ipswich Tourism Operator Partner Program
Group Tour Attraction

# **Group Experience Submission**

### **Initial Information**

Business Name: *	
Group Experience Name: *	
(e.g. Guided Museum Tour; Group Lunch Package; Heritage Tour with Lunch)	
Note: Please submit a separate form for each group tour experience.	
Which of the following is the PRIMARY target audience for this group offer? *  O Tour Companies / Operators	
O Social Clubs (e.g. Probus)	
O Schools (e.g. Excursions)	
O Corporate (e.g. Team Building / Incentive)	
Note: To promote your group tour experience to multiple audiences, please submit a separate form for each applicable audience. We also recommend that you tailor your content, inclusions and pricing to suit each applicable target audience.	,

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## **Detailed Information**

#### IN THIS SECTION:

• The information you provide below will be used to promote the <Group Experience

Name> to group tour or     Please ensure that you of     maximise its appeal.	ganisers. describe and position the <group experience="" name=""> in a way as to</group>
Please provide a description	n of the <group experience="" name="">: *</group>
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	ic inclusions in the <group experience="" name=""> that you would c Commentary from our Museum Curator; Beer Tasting Paddle;</group>
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	rs and times that the <group experience="" name=""> is available: * on 9am to 3pm; Tours run daily at 10am and 2pm).</group>
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What is the set or recomme	anded duration for the «Group Experience Name» 2 *
(e.g. 3 hours)	ended duration for the <group experience="" name="">? *</group>
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(program minimum = 10)? *	ber of people required to book the <group experience="" name=""></group>
What is the maximum num in one tour/sitting? *	ber of people that the <group experience="" name=""> can cater for</group>

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Please upload your business logo if you would like us to include this on promotions for the <Group Experience Name> (you can upload multiple versions of your logo - e.g. JPG, PNG, EPS, reversed):

Choose Files No file chosen

Please upload a screenshot of the About Ipswich link on your website: \*

Choose File No file chosen

\*\*Choose File No file chosen\*\*

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Contact Info	rmation
N THIS SECTION:	
<ul> <li>Please provide the contact details that Group 1 Information Centre staff should contact to coo Name&gt;.</li> </ul>	-
Contact Name (if applicable):	Contact Phone: *
Contact Email: *	
<< PREVIOUS	NEXT >>

### **Bookings and Distribution** IN THIS SECTION: Please confirm the following requirements for inclusion of the <Group Experience Name> in the Group Tour Attraction Program. **IVIC Booking Opt-In:** The Ipswich Visitor Information Centre (IVIC) caters to bus group bookings. Check the box if you agree for the IVIC to on-sell your experience to bus groups. If so, you are also confirming the prices quoted above include a 10% commission retained by Ipswich City Council for any bookings. Mandatory Requirements: \* ☐ I authorise Ipswich City Council to promote the <Group Experience Name> to Group Tour organisers. I acknowledge that the Ipswich Group Tour Rebate is only applicable to groups of 10 or more visiting Ipswich in one tour/sitting. ☐ I agree to provide Group Tour organisers with the relevant documentation required for their Ipswich Group Tour Rebate application (e.g. tax invoice). ☐ I agree to provide Ipswich City Council with data about group tour visitation to my business. << PREVIOUS NEXT >>

### **Administration Details**

#### IN THIS SECTION:

 Please provide the information about the person who completed this form and that Ipswich City Council Tourism staff should contact for further information about the <Group Experience Name> being promoted as part of the Group Tour Attraction Program.

Name: *	Position: *
Phone: *	Email: *

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