



2024 Meeting and Corporate Event Incentive Application

1. Name of Organization: _____ Date of Application: _____

2. Event Name: _____

3. Address: _____

Street City/State Zip _____

4. Contact Name: _____

Phone: _____ Email: _____

5. Mail Check To: _____

6. Is this a new group coming to Stillwater? Yes No

7. Date(s) of Event: _____

8. Conference/ Meeting venue being utilized: _____

9. Estimated Number of Attendees: _____

10. Lodging Facility being utilized: _____

11. Estimated Number of Rooms: _____

12. Estimated Rooms Per Night: Sun: ____ Mon: ____ Tue: ____ Wed: ____ Thurs: ____ Fri: ____ Sat: ____

13. Amount of Incentive Funds Requested: _____

14. Incentive funds will be used for:

By signing below, I acknowledge that all statements and representations are true and accurate on this application.

Discover Stillwater and its employees, and board of directors, will not be held liable for any action of the meeting facilities or venues or the meeting/event planner. Further, Discover Stillwater and its employees, and board of directors will not be liable for any injury suffered by participation in the Meetings and Corporate Event Incentive program.

Applicant Signature

Date: