



2017 Cowichan Official Visitor Guide Chamber Referral Program LEAD FORM

Name of Referring Chamber: _____

Name of Referring Representative: _____

Name of Business: _____

Contact Name: _____

Contact Phone: _____

Contact Email: _____

Ad size requested: _____

**Please fill out the above and send to
Victoria Graham, Sales Manager
E: victoria@tourismcowichan.com
P: 250-510-5586**

Please note, there are limited ad spaces and sizes available. Ad's will be available on a first come, first serve basis. For those businesses who are members of more than one Chamber, the pay- out will be awarded on a first come, first serve basis. Therefore, we encourage you to complete and send back at your earliest convenience.

All forms must be received by Friday, January 6, 2017