



**THE ESPLANADE
ASSOCIATION**

*The Esplanade Centennial Perks Program
Business Enrollment Form*

Yes! I want to participate in the Esplanade Centennial Perks Program.

I/We will offer The Esplanade Association (TEA) members:

20% off discount Other _____

15% off discount _____

10% off discount _____

I/we agree to place The Esplanade Association logo on our website which links to TEA's website.

I/we agree to place The Esplanade Centennial Perks Program window cling on our storefront.

I/we agree to provide an orientation to all our staff to ensure that all members are given the expected advantages for participating in the Esplanade Centennial Perks Program.

Please fill out the following to get started:

Business Name: _____

Business Address: _____

City, ST, Zip: _____

Name of Owner(s): _____

Business Website: _____

Business Phone Number: _____

Primary Contact/Title: _____

Contact Phone/Fax: _____

Contact Email Address: _____

Brief Description of business:

Thank you, again, for your support. Please submit this form to Megan Sampson by fax at 617-227-0394 or by mail to 10 Derne Street; Boston, MA 02114. If you have any questions, please call Megan Sampson at 617-227-0365 or email msampson@esplanadeassociation.org. For more information about The Esplanade Association, please visit www.esplanadeassociation.org.