

5. **Location and capacity of training site:**_____

6. **Proposed date of training:**_____

7. **Marketing plan (methods for getting information and invitations out to visitor industry businesses in the area):**

8. **Goals and objectives of your spring hospitality training:**

Name of person filling out this application:_____

Phone:_____

Email address:_____

The South Dakota Office of Tourism makes all decisions on distribution of funds. Not all awards will be equal. Selection is based on location, evidence of collaboration with other groups, quality of application and cost of speaker. The South Dakota Office of Tourism reserves the right to adjust final amount paid if originally awarded amount totals more than one-half of the actual speaker fee.

Mail or fax this application to:

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