

COMPANY NAME			
ADDRESS	Street:		
	City:	State:	Zip:
CONTACT #1 INFORMATION	Name:	Position:	
	Email:	Phone:	
CONTACT #2 INFORMATION	Name:	Position:	
	Email:	Phone:	
COMPANY SIZE	_____ # OF LOCATIONS		

How do you plan to inform your member/employees of this program?

- Company Intranet
- Email
- Newsletter
- New Hires Package
- Posters for Bulletin Boards
- Check/Payroll Stuffer
- Other \_\_\_\_\_

Which of the following geographic region(s) are applicable to your organization?

- National
- California
- Texas
- Florida/South Florida
- East Coast
- Midwest
- Other \_\_\_\_\_

**ALL OFFERS ARE CONFIDENTIAL & NOT AVAILABLE TO THE GENERAL PUBLIC:**

By signing this Application and Company Setup Form, the members and employees in your Company are enrolled as members of the TicketsatWork Corporate Benefits Program. The company/organization agrees that all conversations and documentation regarding entertainment discounts & benefits are not available to the general public and agrees to promote and distribute the information about the TicketsatWork Corporate Benefits Program Presented by Entertainment Benefits Group to members and/or employees via corporate communications only (intranet website, email, bulletin boards, newsletters, etc.). TicketsatWork agrees that all member/employee information will be kept private and confidential for the primary purpose of providing products, promotions & services directly by TicketsatWork.

I agree that as a Corporate Member Company in this program, member and employee participation in the program offered is completely voluntary.

 \_\_\_\_\_  
 NAME

 \_\_\_\_\_  
 SIGNATURE

 \_\_\_\_\_  
 DATE

*Return Form To:*  
 TicketsatWork Corporate Discount Program  
 ATTN: Client Services  
 19495 Biscayne Blvd, Suite 600 Aventura, FL 33180  
 FAX: 305-907-5031    companysignup@ticketsatwork.com