

Ambassador Program

Expression Of Interest Form

A. PRINCIPAL/COMPANY BACKGROUND					
1. Name of Company					
2. Business Address					
			6. Country		
7. Company type/Owne	rship Structure				
8. Website					
9. Primary industry/vertical					
10. Years in Business11. No. of Emloyees12. Total No. of Clients					
13. Annual Revenues (in	US \$)(projected	d this year)	(last year)		
14. Name of Principal/owner					
15. Summary of past exp	perience				
16. Details of key produc	ct or service offering				
17. Key principals of the	company with designatio	ns			
18. Illustrative clients					



20. Short statement of future direction of the company				
21. Send a copy of your annual corporate registration dated in the last year along with this form to the email listed above. If your jurisdiction does not require an annual corporate registration please send a copy of your original Articles of Incorporation, Certificate of Incorporation or similar corporate formation document. These do not need to be translated into English; however, write out in English in the text box below the full name of the company on the form, the date of the document, the incorporation date (if different from the document date), and the name of the government agency where the document was officially filed. We also need a copy of the your most recent tax filing (showing agency it was filed with) and date filed, if it is not in English.				
B. PRODUCTS & SERVICES OFFERED				
Overview of the companies you currently represent; products and/or services you offer				
Example 1				
1. Name of Partner Company				
2. Headquartered at				
3. Product/Service				
4. Primary industry/vertical				
5. Partner since (no. of years)				
6. Brief summary of success (if any) you have achieved on behalf of partner				



19. Major accomplishments to date

Example 2
1. Name of Partner Company
2. Headquartered at
3. Product/Service
4. Primary industry/vertical
5. Partner since (no. of years)
6. Brief summary of success (if any) you have achieved on behalf of partner
C. HOSPITALITY, REVENUE MANAGEMENT AND/OR SaaS EXPERIENCE
Overview of specific experience in related fields
1. Summary of experience (if any) in using any of IDeaS' Products or Services
2. Summary or experience (if any) in promoting solutions for the Hospitality industry
3. Summary or experience (if any) in promoting SaaS solutions
4. Cure record on a conception as (if any) in Day capus Management / Driving / Favo aceting a colutions
4. Summary or experience (if any) in Revenue Management/Pricing/Forecasting solutions



D. WHY IDeaS?

Understanding your interest and primary motivations in pursuing a referral partner relationship with IDeaS				
1.	Explain your primary motivation for being an Ambassador of IDeaS?			
2.	How would you describe the demand for IDeaS' Products and Services in your region?			
3.	Have you attended any of IDeaS' live or on-demand webinars available via www.ideas.com? If, Yes, how did you find the webinars useful?			
4.	Have you discussed pursuing a Ambassador relationship with anyone at IDeaS?			
5.	Please indicate if you have reviewed the Program Document about the Ambassador Program at www.ideas.com/partners			



☐ Yes ☐ No

E. REFERENCES

Please list two business associates that you have commercial relationships with as references

Reference 1		
1. Name		
		5. Country
6. Work Phone	7. Email Address	
8. Website		
Reference 2		
9. Name		
10. Company		
		13. Country
14. Work Phone	15. Email Addres	SS
16. Website		
17. Date of submission (enter the date you plan to submit th	nis form)
•	Forms will be reviewed in the order to ontacted to discuss next steps.	they are received. If this form is accepted

Thank you for your interest in the IDeaS Ambassador Program.

