

Build your referral business through your business with the

Travel Partner Corporate Program

Authorization and Order Form			
□ New □ Re-order Please Print Below		Date:	
Westgate Owner Information Westgate Owner Name: Travel Partner Number:			
Business Information Business Name: Shipping Address:			
City:			
Signature:	Title: E-mail Address:		
Order/Quantity Information Corporate Posters (11" x 17") (10 max.): Corporate Flyers (4" x 9") (120 max):	English Qty.	Spanish Qty.	Portuguese Qty.
Corporate Flyers will be printed on behalf of:			
	(business name to be prin	ted on flyer or poster)	
We will distribute these flyers via: ☐ Paychecks ☐ Mail Outs ☐	□ Customer Sales	☐ Other (please describe) .	
To Process Order: Please attach your business card and/or busine	ess letterhead to this fo	rm fold and mail to:	

Westgate Resorts Owner Referral Program

Attn: Marketing Coordinators 2801 Old Winter Garden Road Ocoee, Florida 34761

Fax to: 407-355-2948

Scan and email to: TravelPartners@wgresorts.com

Questions? Please call 1-800-884-0250

Please allow 4 weeks for delivery.

IMPORTANT! Please attach your business card for verification.