
AMBASSADOR PROGRAM

EXPRESSION OF INTEREST FORM

A. PRINCIPAL/COMPANY BACKGROUND

Company Overview

1. Name of Company _____
2. Business Address _____
3. City _____ 4. State/Province _____ 5. Zip/Postal Code _____ 6. Country _____
7. Company type/Ownership Structure _____
8. Website _____
9. Primary industry/vertical _____
10. Years in Business _____ 11. No. of Employees _____ 12. Total No. of Clients _____
13. Annual Revenues (in US \$) _____ (projected this year) _____ (last year) _____
14. Name of Principal/owner _____
15. Summary of past experience

16. Details of key product or service offering

17. Key principals of the company with designations

18. Illustrative clients

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19. Major accomplishments to date

20. Short statement of future direction of the company

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

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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

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3. Summary or experience (if any) in promoting SaaS solutions
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

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E. REFERENCES

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

Reference 1

1. Name _____
2. Company _____
3. City _____ 4. State/Province _____ 5. Country _____
6. Work Phone _____ 7. Email Address _____
8. Website _____

Reference 2

9. Name _____
10. Company _____
11. City _____ 12. State/Province _____ 13. Country _____
14. Work Phone _____ 15. Email Address _____
16. Website _____

17. Date of submission (enter the date you plan to submit this form) _____

Expression of Interest Forms will be reviewed in the order they are received. If this form is accepted by IDEaS Revenue Solutions, you will be contacted to discuss next steps.

Thank you for your interest in the IDEaS Ambassador Program.