
REFERRAL PARTNER 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. Primary industry/vertical _____
9. Years in Business _____ 10. No. of Employees _____ 11. Total No. of Clients _____
12. Annual Revenues (in US \$) _____ (projected this year) _____ (last year) _____
13. Name of Principal/owner _____
14. Summary of past experience

15. Details of key product or service offering

16. Key principals of the company with designations

17. Illustrative clients

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18. Major accomplishments to date

19. Short statement of future direction of the company

20. Company website _____

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 Optimization/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 in developing a Referral Partner relationship with 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 Referral Partner relationship with anyone at IDEaS?

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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 Optimization, you will be contacted to discuss next steps.

Thank you for your interest in the IDEaS Industry Partner Program.