FINGERLAKES411.com

THE FINGER LAKES AT YOUR FINGERTIPS

LISTING FORM

BUSINESS NAME: _____

CONTACT: _____

ADDRESS: _____

_____

BUSINESS PHONE: _____ **FAX:** _____

OTHER PHONE: _____

E-MAIL: _____

WEB URL: _____

LAKE(S): _____

TYPE(S): _____

Brief Description: _____

_____

_____

_____

Authorized Signature (Required) _____

How did you hear of us? **Sales Rep** **Friend** **Website** **E Mail**
Print Advertising **Other** _____

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Please make check or money order payable to *Finger Lakes 411.*

For Office Use Only:
Check # _____ Amt _____ Date _____ Pictures (circle one) Sending/411

Sales Rep_____ Referred By _____

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