



WFGT SERVICE PROVIDER APPLICATION FORM

Service Provider – Company Name

1. Service Category

Category	✓	Category	✓
Ticketing Solutions	<input type="checkbox"/>	Hardware / Equipment	<input type="checkbox"/>
Photo Imaging Solutions	<input type="checkbox"/>	Experience Design	<input type="checkbox"/>
Gift Shop Concessionaires	<input type="checkbox"/>	Specialty Services	<input type="checkbox"/>

2. Service Provider Information

Primary Contact Name	Title
Company Address	
Primary Contact E-mail Address	
Primary Contact Phone Number	
Alternate Contact Name	Title
Alternate Contact E-mail Address	
Alternate Contact Phone Number	
Company Website Link	
Company LinkedIn Link	
Company Facebook Link	
Company Instagram Link	
Company WeChat Link	
Other Link	

3. Company Service Description

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4. Case Study / Work Reference (1) – describe service provided, and to which Tower.

Tower Name	
Tower Contact Name	
Tower Contact E-mail	
Tower Contact Phone	
Project/Service Description	
Youtube or video Link	
1.PPT to be shared in PDF format under 10 Mb. 2.Images to be less than 1Mb per image. 3.Image / Video/ Thumbnail Ratio - 1421 X 643.DPI - 72	

5. Case Study / Work Reference (2) – describe service provided, and to which Tower.

Tower Name	
Tower Contact Name	
Tower Contact E-mail	
Tower Contact Phone	

Project/Service Description	
Youtube or video Link	
1.PPT to be shared in PDF format under 10 Mb. 2.Images to be less than 1Mb per image 3.Image / Video/ Thumbnail Ratio - 1421 X 643,DPI - 72	

6. Case Study / Work Reference (3) – describe service provided, and to which Tower.

Tower Name	
Tower Contact Name	
Tower Contact E-mail	
Tower Contact Phone	
Project/Service Description	
Youtube or video Link	
1.PPT to be shared in PDF format under 10 Mb. 2.Images to be less than 1Mb per image. 3.Image / Video/ Thumbnail Ratio - 1421 X 643,DPI – 72.	

Important notes:

- 1. All the images are to be shared individually in a JPG or JPEG format.**
- 2. Share the specific link of the video that is to be uploaded onto the resource portal.**

CERTIFICATION

I hereby affirm that all information supplied is true and accurate to the best of my knowledge and belief.

NAME	TITLE
SIGNATURE	DATE