

# OFFICIAL CONTACT



DeSoto County Tourism/CVB requests that the proposer designate one person to receive all communications for clarification and verification of information related to this proposal.

Please identify that person below.

PROPOSER/COMPANY: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

TITLE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_