CROSSROADS: The Times Square Card

Card Order Form

Company Name: _____

Company Address: _____

Contact Name: _____

Contact Title: _____ Contact Email: _____

Contact Phone: _____ Contact Fax: _____

By registering to participate in the Crossroads Program and completing this form, you agree to:

- ○ Facilitate an initial company-wide distribution of the Crossroads Card.
- ○ Partner with us in keeping your employees updated on new offers and deals available.
- ○ Communicate any questions, concerns or comments from your employees to us. We want this program to work for you and your employees.
- ○ NOT leave the cards out in a display or countertop. Cards must be properly distributed and maintained at all times.

Number of Cards requested for Times Square employees: _____

Means of initial Card distribution:
Internal mailing: _____
Email prompting the distribution of Cards through HR Department: _____
Employee Orientation: _____
Other Methods (specify):_____

Means of updating employees:
Intranet: _____
Weekly/Monthly Emails: _____
Message Board postings: _____
Others (specify):_____

Any additional information/comments: _____

Please fax this form to 212-768-0233 or mail to:
Times Square Alliance, 1560 Broadway, Suite 800, NY, NY 10036

For more information, contact:
Crossroads@timessquarenyc.org