



CROSSROADS PROGRAM Offer Registration Form



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

- Offer a discount or special value that will be ONLY available to Crossroads Cardholders.
- Display the Crossroads logo in your establishment, either as a window decal, counter card or other display item for the duration of your participation in the program.

Company Name: _____
(as you want it to appear on the Crossroads webpage)

Company Address: _____
(as you want it to appear on the Crossroads webpage)

Phone: _____ Website: _____
(as you want it to appear on the Crossroads webpage)

Contact Name: _____ Contact Title: _____
(For office use only)

Contact Email: _____
(For office use only)

Contact Phone: _____ Contact Fax: _____
(For office use only)

Please list your promotional offer as you want it to appear on the Crossroads webpage:

Please list any restrictions, blackout dates, time periods, etc.

How did you hear about the Crossroads program?

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 or 212.768.1560

