

STATE OF THE TOURISM INDUSTRY CONFERENCE

October 10-13, 2017

Radisson Grenada Beach Resort | Grenada

“Super-Charging the Caribbean Brand: Meeting the Needs of the New Explorers”



GENERAL DELEGATE REGISTRATION

Each delegate is required to complete a registration form and to submit it with the applicable registration fees for processing. **Full Registration fee** covers all business sessions, programmed meals and select social events, airport/hotel transfers to and from the Radisson Grenada Beach Resort, and a Conference kit. **Delegates are responsible for making their own hotel arrangements** at the Conferenced Headquarters Hotel. Delegates may choose to stay elsewhere but will be responsible for their own transfers to and from Conference activities at the Radisson. For information on the Conference and regular updates, visit www.onecaribbean.org.

PERSONAL INFORMATION

Check one: Ms. Mrs. Mr. Dr. Comm. Hon. Prof.

First Name: _____

Last Name: _____

Company: _____

Title: _____

Address: _____

City: _____

State _____ Zip/Postal Code: _____

Country: _____

Phone: _____

Email: _____

REGISTRATION INFORMATION: Applicable registration fee is the fee in effect when payment is received. **One day registration includes meals and social event on the applicable day.**

Government:

Full Registration – \$895 \$ _____

One Day \$500 – Wed. Thur. Fri. \$ _____

Allied/Carrier/Affiliate Member:

Full Registration – \$995 \$ _____

One Day \$550 – Wed. Thur. Fri. \$ _____

Non-Member*:

Full Registration – \$1,295 \$ _____

One Day \$700 – Wed. Thur. Fri. \$ _____

Deduct \$75 for FULL REGISTRATION only as long as full payment is received by July 31 \$ _____

I wish to contribute to the CTO Foundation \$ _____

TOTAL AMOUNT ENCLOSED: \$ _____

HOTEL ACCOMMODATION: To book your hotel accommodation and benefit from the special conference rates, as well as for additional information about the Radisson Grenada Beach Resort, visit ([website link to be added](#))

TRAVEL INFORMATION: Please include your travel details so that we may arrange your airport-hotel transfers to the Radisson Grenada Beach Resort.

Arrival Date: _____ Arrival Time: _____

Carrier: _____ Flight #: _____

Departure Date: _____ Departure Time: _____

Carrier: _____ Flight #: _____

REGISTRATION CATEGORIES – PLEASE CHECK ALL THAT APPLY:

CTO Government Member Minister/Commissioner Director of Tourism/Director General/CEO/President CTO Allied Member
 CTO Affiliate Member CTO Carrier Member Member, CTO Board of Directors Speaker Sponsor **Non-Member***

*You may convert your status to non-government member by submitting a completed membership application with your registration form. For application forms visit www.onecaribbean.org, click on “Join CTO” and download Allied Membership application form. **You may also register online.**

PAYMENT INFORMATION

Full Payment must accompany registration. Please make checks payable in US funds to: Caribbean Tourism Organization.

Check # _____ Amount: _____ Charge my: AMEX MC VISA Security Code: _____

Card Number: _____ Expiry Date: _____

Cardholder's Name: _____ Card Mailing Address Zip Code: _____

Cardholder's Signature: _____ Date: _____

CANCELLATION POLICY: All cancellations must be in writing. A minimum charge of \$200 will apply to all cancellations. Cancellations received September 22 to October 6, 2017 will be subject to 50% cancellation fee. There will be **no refund for cancellations received after October 6, 2017.**

By completing and returning this form, I agree to the terms of Registration:

Name: _____ Date: _____

NEED MORE INFORMATION? CALL: US: 212-635-9530 | UK: +208-948-0057 | BARBADOS: 246-427-5242 | Visit: www.onecaribbean.org

RETURN COMPLETED FORM AND FULL PAYMENT TO:

Caribbean Tourism Organization - USA, Inc.

80 Broad Street, Suite 3302 | New York, NY 10004 | Tel: 212-635-9530 | Email: sbrown@caribtourism.com