

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"

LOCAL DELEGATE REGISTRATION FORM

Each delegate is required to complete and submit a registration form with the applicable registration fee. Full **Registration fee** covers all business sessions, programmed meals, select social events and a Conference kit. **ONE DAY** registration includes all activities on the program for the applicable day. For more information and regular updates on the Conference, visit www.onecaribbean.org.

PERSONAL INFORMATION

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

First Name: _____ Last Name: _____

Company: _____ Position: _____

Street Address: _____ Parish: _____

Phone: _____ Email: _____

REGISTRATION CATEGORIES — 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.

REGISTRATION INFORMATION

*FULL Registration — US \$200.00 or XCD \$540.00 \$ _____

ONE DAY Registration — US \$75.00 or XCD \$200.00 \$ _____
 Wednesday, October 11 Thursday, October 12 Friday, October 13

I would like to make a contribution to the CTO Foundation (providing scholarships for Caribbean Students) \$ _____

TOTAL AMOUNT ENCLOSED:..... US \$ _____

*Delegates paying the Full Registration may attend the Opening Ceremony on the evening of Wednesday, October 11, 2017.

PAYMENT INFORMATION

Payments may be made in Cash in US \$ or equivalent local currency, company check, Money Order, or Credit Card. Cash payments may be made directly to the Grenada Tourism Authority, Burns Point, St George's, Phone: (473) 440-2001, or on site at the Radisson Grenada Resort from October 9, 2017. Personal checks will not be accepted. Delegates paying by credit card may scan and email the registration form to Mnapier@caribtourism.com. Upon receipt of full payment, delegates will receive confirmation for the Conference.

Enclosed is my payment in full: Company Check # _____ Money Order Cash

Charge my: AMEX MC VISA No. _____ Security Code: _____
Front of AMEX, back of Visa/MC

Cardholder's Address Zip Code: _____ Cardholder's Name: _____ Exp. Date: _____

Signature: _____ Date: _____

CANCELLATION POLICY: All cancellations must be in writing. A minimum fee of \$75 will apply to all cancellations. 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:

Signature: _____ Date: _____

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

RETURN COMPLETED FORM WITH PAYMENT IN FULL TO:

Grenada Tourism Authority — Attn: Delran Andrews
Burns Point | St. Georges | Grenada
Tel: 473-440-2001 | sotic2017@puregrenada.com
(Cash/Company cheques payable to Grenada Tourism Authority)

Caribbean Tourism Organization—USA, INC.
80 Broad Street, Suite 3302 | New York, NY 10004
Tel: 212-635-9530 | sbrown@caribtourism.com
(Scan and email forms with credit card payments to CTO)