

# STATE OF THE INDUSTRY CONFERENCE

SEPTEMBER 14-16, 2016

HILTON BARBADOS RESORT – BARBADOS

“Honoring Our Legacy: Defining Our Future”



## TRAVEL AGENT & STUDENT REGISTRATION FORM

Each Travel Agent or Student is required to complete and submit a registration form with the applicable registration fee. **Registration Fee only** covers all business sessions, programmed meals, social events and a Conference kit. **Registration Package Fee** covers all of the above **PLUS** housing for **three (3) nights (September 14, 15, 16) housing, breakfast, taxes and hotel/airport transfers**. A copy of IATAN or CLIA cards or valid Student ID must be submitted with registration. For information and regular updates on the Conference, please visit [www.onecaribbean.org](http://www.onecaribbean.org).

### PERSONAL INFORMATION. PLEASE PRINT LEGIBLY.

Check one: [ ] Ms. [ ] Mrs. [ ] Mr.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Agency/School: \_\_\_\_\_ IATA/CLIA No.: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Country: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Tick the box to receive email updates about our services and events

### PLEASE PROVIDE TRAVEL INFORMATION AT LEAST 2 WEEKS BEFORE THE CONFERENCE SO WE MAY ARRANGE YOUR AIRPORT/HOTEL TRANSFERS

Arrival Date: \_\_\_\_\_ Arrival Time: \_\_\_\_\_ Carrier: \_\_\_\_\_ Flight #: \_\_\_\_\_

Departure Date: \_\_\_\_\_ Departure Time: \_\_\_\_\_ Carrier: \_\_\_\_\_ Flight #: \_\_\_\_\_

**ACCOMMODATION INFORMATION** — Rooms are available on double and single occupancy basis. If you wish to share a room, or you would like us to select a roommate for you, please complete the following.

[ ] I will share with: \_\_\_\_\_ [ ] Please select a roommate for me, as follows:

( ) Female ( ) Male Age Group \_\_\_\_\_ ( ) Smoker ( ) Non-Smoker

### REGISTRATION INFORMATION — ALL PRICES ARE QUOTED IN US \$. PLEASE REGISTER EARLY SINCE ROOM ARE LIMITED.

( ) Conference Registration only — US \$245.00 ..... \$ \_\_\_\_\_

( ) Registration Package — (select from the options below)

### ( ) PLEASE SELECT HOTEL IN ORDER OF PRIORITY

	[ ] HILTON BARBADOS	[ ] RADISSON AQUATICA RESORT	
[ ] Single Occupancy	\$599.00	\$769.00	\$ _____
_____ Extra night, single	\$190.00	\$199.00	\$ _____
[ ] Double Occupancy, per person	\$395.00	\$499.00	\$ _____
_____ Extra night, per person	\$90.00	\$108.00	\$ _____

TOTAL AMOUNT ENCLOSED ..... \$ \_\_\_\_\_

### PAYMENT INFORMATION

**Full Payment must accompany registration.** Please make checks payable in US funds to: Caribbean Tourism Organization–USA, Inc.

[ ] Check # \_\_\_\_\_ Charge my: [ ] AMEX [ ] MC [ ] VISA Security Code: \_\_\_\_\_ Zip code of card address: \_\_\_\_\_

Card Number: \_\_\_\_\_ Cardholder's Name: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CANCELLATION POLICY: All cancellations must be in writing.** A minimum fee of \$100 will apply to all cancellations. Cancellations received from **August 31 to September 9, 2016** will be subject to a 50% cancellation fee. There will be **no refund for cancellations received after September 9, 2016**. 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](http://www.onecaribbean.org)

RETURN COMPLETED FORM WITH PAYMENT IN FULL TO:

Caribbean Tourism Organization – USA, Inc.  
80 Broad Street, Suite 3302 • New York, NY 10004 • Tel: 212-635-9530 • Email: [sbrown@caribtourism.com](mailto:sbrown@caribtourism.com)