

# STATE OF THE INDUSTRY CONFERENCE

SEPTEMBER 14-16, 2016

HILTON BARBADOS RESORT | BARBADOS

*"Honoring Our Legacy: Defining Our Future"*



## YOUTH CONGRESS REGISTRATION FORM

Each Chaperone or Youth Congress Student is required to complete and submit a registration form with the applicable registration fee. Registration Package Fee covers all business sessions, programmed meals, airport/hotel transfers, social events, housing for **three (3) nights (September 14, 15, 16) at the Hilton Barbados Resort, including breakfast daily, all taxes and service charges.** For information and regular updates on the Conference please visit [www.onecaribbean.org](http://www.onecaribbean.org).

### PERSONAL INFORMATION — PLEASE COMPLETE ALL SECTIONS BELOW, PRINTING LEGIBLY

Check all that apply: [ ] Ms. [ ] Mrs. [ ] Mr. [ ] Dr. [ ] Student [ ] Chaperone

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

School/Company: \_\_\_\_\_

Street Address: \_\_\_\_\_ Town: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

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

Please tick the box to receive email updates about our services and events Please Print

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

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

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

### REGISTRATION AND HOUSING INFORMATION — PRICES INCLUDE BREAKFAST

( ) Please Reserve:

Double Occupancy — \$375.00 per person ..... \$ \_\_\_\_\_

\_\_\_\_\_ Extra night @ \$95.00 per person, per night ..... \$ \_\_\_\_\_

I will share with \_\_\_\_\_

Single Occupancy — \$570.00 ..... \$ \_\_\_\_\_

\_\_\_\_\_ Extra night @ \$170.00 per night ..... \$ \_\_\_\_\_

**TOTAL AMOUNT ENCLOSED: ..... US \$ \_\_\_\_\_**

### PAYMENT INFORMATION — ALL PRICES ARE QUOTED IN US \$

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

Check # \_\_\_\_\_ Charge my:  AMEX  MC  VISA

Card Number: \_\_\_\_\_ Cardholder's Name: \_\_\_\_\_

Security Code: \_\_\_\_\_ Card Mailing Address Zip Code: \_\_\_\_\_ Expiry 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 50% 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)