

# STATE OF THE TOURISM INDUSTRY CONFERENCE

Business Meetings: October 1-2 ♦ SOTIC: October 2-5, 2018

Atlantis | Paradise Island | Bahamas

*“Rejuvenate. Recreate. Reconnect. New Directions for Caribbean Tourism”*



## 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 Atlantis, Paradise Island and a Conference kit. **Delegates are responsible for making their own hotel arrangements.** Special rates have been secured at Atlantis, the Conference Headquarters Hotel. Delegates may choose to stay elsewhere but will be responsible for their own transfers to and from Conference activities at the Atlantis, Paradise Island. For information on the Conference and regular updates, visit [www.onecaribbean.org](http://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 — \$925 \$ \_\_\_\_\_

[ ] One Day \$500 — [ ] Wed. [ ] Thur. [ ] Fri. \$ \_\_\_\_\_

#### Allied/Carrier/Affiliate Member:

( ) Full Registration — \$995 \$ \_\_\_\_\_

[ ] One Day \$600 — [ ] Wed. [ ] Thur. [ ] Fri. \$ \_\_\_\_\_

#### Non-Member\*:

( ) Full Registration — \$1,295 \$ \_\_\_\_\_

[ ] One Day \$700 — [ ] Wed. [ ] Thur. [ ] Fri. \$ \_\_\_\_\_

**Deduct \$100 for FULL REGISTRATION ONLY as long as full payment is received by July 30**

( ) I wish to contribute to the CTO Foundation \$ \_\_\_\_\_

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

**TRAVEL INFORMATION:** Please include your travel details so that we may arrange your airport-hotel transfers to the **Atlantis, Paradise Island.**

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

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

**HOTEL ACCOMMODATION:** To book your hotel accommodation and benefit from the special conference rates, please visit <https://book.passkey.com/event/49643597/owner/12844514/home>. For additional information about the Atlantis, visit [www.AtlantisBahamas.com](http://www.AtlantisBahamas.com).

### 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](http://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 \$250 will apply to all cancellations. Cancellations received September 7 to September 21, 2018 will be subject to 50% cancellation fee. There will be **no refund for cancellations received after September 21, 2018.**

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 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](mailto:sbrown@caribtourism.com)