

STATE OF THE INDUSTRY CONFERENCE

SEPTEMBER 14-16, 2016

HILTON BARBADOS RESORT | BARBADOS

"Honoring Our Legacy: Defining Our Future"



GENERAL DELEGATE REGISTRATION

Each delegate is required to complete a registration form and to submit it with the applicable registration fees for processing. **Registration fee** covers all business sessions, programmed meals and select social events, airport/hotel transfers and a Conference kit. **Delegates are responsible for making their own hotel arrangements** from among the Conference properties listed below. 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:

☐ Registration — \$890 \$ _____

☐ One Day \$500 — ☐ Thur. ☐ Fri. \$ _____

Allied/Carrier/Affiliate Member:

☐ Registration — \$995 \$ _____

☐ One Day \$550 — ☐ Thur. ☐ Fri. \$ _____

Non-Member*:

☐ Registration — \$1,295 \$ _____

☐ One Day \$700 — ☐ Thur. ☐ Fri. \$ _____

Deduct \$75 for FULL REGISTRATIONS and payment received by July 15

☐ I wish to contribute to the CTO Foundation \$ _____

TOTAL AMOUNT ENCLOSED: \$ _____

HOTEL ACCOMMODATION: In order to arrange your transfers, please tell us where you'll be staying. We have secured special rates at:

☐ Hilton Barbados Resort ☐ Radisson Aquatica Resort

☐ Accra Beach Hotel & Spa ☐ Courtyard Marriott

For details about the properties and instructions for making reservations visit www.onecaribbean.org/events-calendar/cto-events-calendar/sotic-2016/hotel/

TRAVEL INFORMATION: Please include your travel details so that we may arrange your airport-hotel transfers:

Arrival Date: _____ Arrival Time: _____

Carrier: _____ Flight #: _____

Departure Date: _____ Departure Time: _____

Carrier: _____ Flight #: _____

REGISTRATION CATEGORIES — PLEASE CHECK ALL THAT APPLY:

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

*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", scroll and click on "Download non-government membership application".

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 **August 31 to September 9, 2016** will be subject to 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

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