

HFTP Member ID# \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Nickname for Badge \_\_\_\_\_ Guest (If purchasing additional event tickets only) \_\_\_\_\_

Title \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail address \_\_\_\_\_

### Check Here if ...

- This is your first Annual Convention & Tradeshow.
- You would like us to update our records with the information listed above.
- You require special accessibility or accommodations at this convention. Submit a written description with this form.
- You have special dietary needs. Check one:  
 Vegetarian       Food Allergies \_\_\_\_\_  
 Vegan               Other \_\_\_\_\_
- You do not want to receive e-mail correspondence from HFTP.
- You do not want to receive e-mail from Annual Convention & Tradeshow exhibitors.
- You do not want us to release your e-mail address to other allied hospitality industry organizations or associations.
- You would like to add \$25 to your registration fee to donate to the HFTP Scholarship and Educational Endowment Fund.

### Designations: Check here if applicable.

CHAE              CHTP              CPA              CHA  
CCM              Other \_\_\_\_\_

### Purchasing Power:

During the year, I plan to purchase/influence the purchase of products on display at this convention in the amount of approximately:

No purchase planned              \$100,001–\$250,000  
 Less than \$10,000              \$250,001–\$500,000  
 \$10,001–\$50,000              More than \$500,000  
 \$50,001–\$100,000

	Postmarked by September 24		Postmarked after September 24		
	Member	Nonmember	Member	Nonmember	TOTAL
<b>Registration*</b>					
Full Registration	\$575	\$775	\$625	\$825	= _____
Student Registration**	\$85	\$85	\$85	\$85	= _____
<b>Event Tickets*** (read before marking)</b>					
Exhibits/Welcome Reception _____ @	\$75	\$75	\$75	\$75	= _____
Business Mtg. Luncheon _____ @	\$35	\$35	\$35	\$35	= _____
President's Evening _____ @	\$100	\$100	\$100	\$100	= _____
<b>Designation Review Sessions</b>					
CHAE Review	\$0	\$99	\$0	\$99	= _____
CHTP Review	\$0	\$99	\$0	\$99	= _____

### Cancellation Policy

All cancellations must be received in writing at the HFTP office. An administrative fee of \$50 will be charged on all cancellations received by September 24, 2010. Cancellations received after September 24, 2010 will result in a 100 percent penalty.

### Total Payment Due

Check and credit card payments must be made in U.S. dollars.

\$ \_\_\_\_\_

\* **Registration:** A Full Registration fee includes admittance to all convention activities, including scheduled meal functions, President's Evening and educational sessions. Exhibits/Welcome Reception ticket includes admittance to the Welcome Reception and exhibit hall on both days. Full payment must accompany each registration.

\*\* **Student Registration:** A copy of a current student ID must be submitted with this form.

\*\*\* **Social Event Tickets:** A Full Registration includes event tickets to ALL social events. Event tickets cannot be exchanged or refunded. If you purchased a Full Registration, you may purchase additional event tickets for your spouse/guest. No ticket is required to attend the business meeting portion of the Friday luncheon; gallery seating will be provided for members who do not wish to purchase a luncheon ticket.

### Payment (select a form of payment)

Check — My check made payable to HFTP is enclosed.

Credit Card — Please charge my:      VISA              MasterCard              AmEx

Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Return form with payment to:

HFTP • 11709 Boulder Ln, Ste 110  
Austin, TX 78726-1832 USA • Fax: +1 (512) 249-1533

Register online at [www.hftp.org](http://www.hftp.org).

Questions? Call HFTP at (800) 646-4387 or +1 (512) 249-5333

### HFTP USE ONLY

Date Received \_\_\_\_\_

Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_

CC Auth # \_\_\_\_\_ Payer      P      Co