



March 11-12, 2019 • Nashville, Tennessee USA

This conference provides club professionals with two days of advanced-level education addressing industry strategy, trends and engagement.

### 1. Registration Information:

Name (first, middle, last) \_\_\_\_\_

Badge Nickname (Please print first name or nickname exactly as it should appear on badge) \_\_\_\_\_

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

Designation(s):  CHTP  CHAE  CHA  CCM  CHME  Other \_\_\_\_\_

Address 1 \_\_\_\_\_ Address 2 \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

E-mail Address \_\_\_\_\_ Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Communication Preference (check one or more):  Mail  E-mail  Phone  Text  Social Media

### 2. Registration Fees: *(All prices and fees are in U.S. dollars)*

**Standard Registration** *(Prices will increase after February 11)*

HFTP Members: \$450  Nonmembers: \$600

**HFTP New Member Conference Bundle: \$725**

Chapter \_\_\_\_\_  
(HFTP membership includes affiliation with one HFTP chapter [optional]. Find a list of chapters at [www.hftp.org](http://www.hftp.org).)

**Scholarship Donation:**  HFTP Foundation: \$25

### 3. Communication Preferences: *(Check all that apply)*

- I DO want to receive e-mail correspondence from HFTP.
- I DO want HFTP to release my e-mail address to other allied hospitality industry organizations or associations.
- I DO want HFTP to release my e-mail address to conference exhibitors or sponsors.
- I require special accessibility or accommodations.  
*(If yes, please attach a detailed description.)*
- I have special dietary needs. Check one.
  - Vegetarian  Hindu Vegetarian  Vegan
  - Other \_\_\_\_\_

### 4. Business Classifications: *(Select one)*

- |   |  |
|---|--|
| <input type="checkbox"/> Association              | No. of Properties:   |
| <input type="checkbox"/> Casino                   | <input type="checkbox"/> Under 10 <input type="checkbox"/> 10-25 <input type="checkbox"/> 26-50 <input type="checkbox"/> 50+ |
| <input type="checkbox"/> Club/Club Management Co. | No. of Rooms:  |
| <input type="checkbox"/> Consulting Firm          | <input type="checkbox"/> Under 50 <input type="checkbox"/> 50-150 <input type="checkbox"/> 150+                              |
| <input type="checkbox"/> Convention Center/CVB    | <input type="checkbox"/> Resort  |
| <input type="checkbox"/> CPA Firm                 | <input type="checkbox"/> Restaurant  |
| <input type="checkbox"/> Cruise Line              | <input type="checkbox"/> Retired   |
| <input type="checkbox"/> Educational Institution  | <input type="checkbox"/> Student   |
| <input type="checkbox"/> Hospital                 | <input type="checkbox"/> Supplier  |
| <input type="checkbox"/> Hotel/Hotel Management   | <input type="checkbox"/> Unemployed  |
|   | <input type="checkbox"/> Venture Capitalist/Investor   |

- Amenities:**
- |  |   |                                      |                                     |
|--|---|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Casino              | <input type="checkbox"/> Boating/water sports | <input type="checkbox"/> Golf Course | <input type="checkbox"/> Yacht club |
| <input type="checkbox"/> Conference Ctr.     | <input type="checkbox"/> Resort               | <input type="checkbox"/> Restaurant  |                                     |
| <input type="checkbox"/> Tennis/racquet club | <input type="checkbox"/> Spa                  |                                      |                                     |

### 5. Primary Job Function:

- |                                     |  |  |
|-------------------------------------|--|--|
| <input type="checkbox"/> Corporate  | <input type="checkbox"/> Front Office/Reservations | <input type="checkbox"/> Owner             |
| <input type="checkbox"/> C-Level    | <input type="checkbox"/> IT/Services               | <input type="checkbox"/> Purchasing        |
| <input type="checkbox"/> Financial  | <input type="checkbox"/> Food & Beverage           | <input type="checkbox"/> Sales & Marketing |
| <input type="checkbox"/> Operations |  |  |

### 6. Payment:

*Registrations will not be processed unless full payment is received.*

Credit cards will be charged in U.S. Dollars. Make checks payable to HFTP in U.S. Dollars.

Choose method of payment:

Check

**TOTAL Payment Due:** \_\_\_\_\_

Credit Card | Choose One:  AMEX  Visa  MasterCard

Card# \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Card \_\_\_\_\_

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

### Cancellation/Transfer Policy

Transfer of a registration to a colleague is free of charge, but must be requested in writing to HFTP. All cancellations must be received in writing at the HFTP office. An administrative fee of \$75 will be charged on all cancellations received by February 11, 2019. No refunds will be given after this date.

**Questions?** Please send your query to [education@hftp.org](mailto:education@hftp.org). Send any registration payment questions to [accounting@hftp.org](mailto:accounting@hftp.org).

Please remit the completed form and payment to:  
HFTP Headquarters • 11709 Boulder Ln, Ste 110 • Austin, TX 78726-1832 USA  
Ph: +1 (512) 249-5333 or (800) 646-4387 • Fax: +1 (512) 599-9126 • [accounting@hftp.org](mailto:accounting@hftp.org)

HFTP USE ONLY			
Date Received	_____		
Check #	_____	Amt. \$	_____
CC Auth #	_____	Payer	P CO