



March 23-24, 2020 • Atlanta, Georgia USA

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

HFTP Members: \$600 Nonmembers: \$750

HFTP New Member Conference Bundle: \$915

Chapter _____
(HFTP membership includes affiliation with one HFTP chapter [optional]. Find a list of chapters at www.hftp.org.)

Foundation Donation: (Optional)

HFTP Foundation \$ _____

Rama Family Endowed HFTP Student Professional Development Fund \$ _____

The HFTP Foundation secures funds for hospitality and travel industry-related research, educational projects and scholarships. The HFTP Foundation is a 501 (c)(3) not-for-profit organization. For US Federal Income Tax purposes, you may be able to deduct your donation as a charitable contribution. For more information, please consult with your tax advisor. Tax ID: 83-2255073

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

Credit Card | Choose One: AMEX Visa MasterCard

Card# _____ Exp. Date _____

Name on Card _____

Signature _____ Date _____

TOTAL Payment Due: _____

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)

- Club/Club Management Co. Student
- Consulting Firm Supplier
- CPA Firm Unemployed
- Educational Institution Other _____
- Retired

5. Primary Job Function:

- Corporate Front Office/Reservations Owner
- C-Level IT/Services Purchasing
- Financial Operations Sales & Marketing
- Food & Beverage

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 21, 2020. No refunds will be given after this date.

Questions? Please send your query to education@hftp.org. Send any registration payment questions to accounting@hftp.org.

Please remit the completed form and payment to:
HFTP Headquarters • 6500 River Place Blvd. Bldg. 2 Ste. 101 • Austin, TX 78730 USA
Ph: +1 (512) 249-5333 or (800) 646-4387 • Fax: +1 (512) 599-9126 • accounting@hftp.org

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