

June
16-20

U.S. Virgin Islands Destination Symposium

DELEGATE REGISTRATION



DELEGATE CATEGORY

☐ **CMI "BIG 8" - Complimentary Registration**

**CMI Fees must be up to date; Includes All Conference Events & Appointments By Request for 2 (two) delegates; Additional delegates from the same company - \$395 each*

☐ **CMI Allied & Small Hotelier - \$295**

**CMI Fees must be up to date. Includes All Conference Events & some Appointments for 1 (one) delegate; Appointments are not guaranteed and are by request of the tour operator; Additional delegates from the same company - \$195 each*

☐ **USVI Hotelier \$2,500 - \$5,000** (based on # of rooms)

**Includes All Conference Events & Appointments By Request for 2 (two) delegates; 0-125 rooms \$2,500; 126+ rooms \$5,000; Additional delegates from the same company - \$395 each*

☐ **Sponsor - Complimentary**

**Includes Conference Events & Guaranteed Appointments for 2 (two) delegates based on sponsorship level; Additional delegates from the same company - \$395 each*

☐ **Industry Partners - \$795**

**Includes All Conference Events (excluding Appointments) for 1 (one) delegate; Additional delegates from the same company - \$395 each*

CONFERENCE PAYMENT:

Payment must be paid in full by **May 1, 2015*

Total Delegate(s) Payment: _____

Check # _____ (Paid to USVI Hotel & Tourism Association)

☐ Amex ☐ Master Card ☐ Visa

Expiration Date: _____ Security Code: _____

Name on Card: _____

Signature: _____

DELEGATE INFORMATION

Company: _____

Delegate(1): _____

Title: _____

Email: _____

Delegate(2): _____

Title: _____

Email: _____

Address: _____

City _____ State _____ Zip _____

Tel _____ Fax _____

ACCOMODATION REQUIREMENTS

☐ Accomodations Needed ☐ No Accomodations Needed

Dreams Sugar Bay Resort & Spa - \$175 + tax per night

Check In: _____ Check Out: _____

All rates are subject to availability, space is limited. Restrictions and taxes may apply. Delegates must supply credit card information to hold reservations.

*Above Rates & Availability are not guaranteed after **5/1/15***

Type of Card: ☐ Amex ☐ Master Card ☐ Visa

Expiration Date: _____

Name on Card: _____

Signature: _____

REGISTRATION DEADLINE 5/1/15