

CONFERENCE REGISTRATION
(PLEASE PRINT ALL INFORMATION)

Company/Organization _____

Mailing Address _____

City _____ State _____ ZIP Code _____

Phone (_____) _____

REGISTRATION #1 Name _____

Registration #1 E-Mail _____

Type of Registration: _____ Full Conference (\$350.00) _____ Wed/ThurOnly (\$275.00) _____ Fri Only (\$225.00)

Is Registration #1 registering for the optional Thursday night Stars of the Industry Gala (\$125.00)? _____

REGISTRATION #2 Name _____

Registration #2 E-Mail _____

Type of Registration: _____ Full Conference (\$350.00) _____ Wed/Thur Only (\$275.00) _____ Fri Only (\$225.00)

Is Registration #2 registering for the optional Thursday night Stars of the Industry Gala (\$125.00)? _____

REGISTRATION #3 Name _____

Registration #3 E-Mail _____

Type of Registration: _____ Full Conference (\$350.00) _____ Wed/Thur Only (\$275.00) _____ Fri Only (\$225.00)

Is Registration #3 registering for the optional Thursday night Stars of the Industry Gala (\$125.00)? _____

REGISTRATION #4 Name _____

Registration #4 E-Mail _____

Type of Registration: _____ Full Conference (\$350.00) _____ Wed/Thur Only (\$275.00) _____ Fri Only (\$225.00)

Is Registration #4 registering for the optional Thursday night Stars of the Industry Gala (\$125.00)? _____

PAYMENT INFORMATION

Amount Due for Conference Registrations: \$ _____

Amount Due for Optional Thursday Night Stars of the Industry Gala Registrations: \$ _____

TOTAL AMOUNT DUE: \$ _____

_____ CHECK ENCLOSED (Make check payable to "HospitalityTN")

_____ CREDIT CARD _____ VISA _____ MasterCard _____ American Express _____ Discover

Card Number _____ Expiration Date (MM/YY) _____

Billing Address ZIP Code _____ Credit Card Security Code _____



Please MAIL or FAX your completed registration form to:
HospitalityTN ♦ 475 Craighead Street ♦ Nashville, TN 37204 ♦ FAX (615) 385-9957