



Individual Registration Form

Attendee Contact Information –

Please complete the following carefully as this information will be provided to attendees in the 2017 Attendee Directory.

Organization Name: _____

Contact Name: _____

Title: _____

Address: _____

City, State, Zip: _____ Phone: _____

Email Address: _____

Do you have any food allergies? _____

Pursuant to the Americans with disabilities act, do you require specific aids or services? _____

Full Conference Registration: \$425 per attendee

Tourism Awards Gala Only: \$100 per attendee

Payment Information –

- ☐ Check Enclosed (Make checks payable to Governor's Conference on Tourism)
- ☐ Visa / MasterCard
- ☐ American Express

Registrations must be paid in full prior to receiving badge at the Registration Desk. Cancellations for full refund will be accepted until June 23, 2017. After this date, you may send a substitute in your place.

Credit Card Information:

Name on card: _____

Credit card number: _____

Expiration date: _____

Billing Address if different above: _____

Total amount: _____ Signature: _____

Return Completed Registration Forms by Fax or Mail to -

Arizona Governor's Conference on Tourism
Meetings & Concierges Source, LLC
7375 E. 6th Ave., Ste. 9
Scottsdale, AZ 85251
Fax : (480) 990-1889

Questions:
(602) 542-0065 or info@azgcot.com