



Individual Registration Form

Attendee Contact Information –

Please complete the following carefully as this information will be provided to attendees in the 2018 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? _____

Wednesday ONLY Registration - \$75 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.

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