

# TEAM HHC MARCH 24-25, 2009

Creating Hoosier Hysteria in Hospitality **CROWNE PLAZA, INDIANAPOLIS**

**1. CONTACT INFORMATION** *Conference confirmation will be mailed to this address. Register by March 6 & Save!*

Business Name \_\_\_\_\_ Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 E-mail \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

**2. WHAT INDUSTRY ARE YOU IN?**

Restaurant  Lodging  Tourism  Other \_\_\_\_\_

**3. REGISTRATION OPTIONS** *Indicate package letter on REGISTRANT INFO. line below (Reg. Pkg. column).*

Pkg.	Advance	After March 6	Pkg.	Advance	After March 6
<b>A. Full Convention Registration</b> Includes all functions and meals.	\$189	\$225	<b>C. Luncheon Only</b> Check one: <input type="checkbox"/> Tues. 3/24 <input type="checkbox"/> Wed. 3/25	\$35	\$45
<b>B. One-Day Registration</b> Includes all seminars and lunch. <input type="checkbox"/> Tues. 3/24 <input type="checkbox"/> Wed. 3/25	\$119 \$89	\$129 \$99	<b>E. Student Price</b> Excludes food. <input type="checkbox"/> Tues. 3/24 <input type="checkbox"/> Wed. 3/25	\$60 one day	

**4. REGISTRANT(S) INFORMATION** *Clearly print names as you would like them to appear on badges.*

Name	Job Title	Reg. Pkg.	Amount
			\$
			\$
			\$
			\$

Questions? Call 800.678.1957 toll free, 317.673.4211, or e-mail [info@hoosierhospitalityconference.com](mailto:info@hoosierhospitalityconference.com)

**TOTAL \$**

**5. PAYMENT METHOD** *To receive advance registration rate, this form must be postmarked on or before March 6, 2009. Payment must accompany registration to be processed.*

Enclosed is my check for \$ \_\_\_\_\_ (make payable to Hoosier Hospitality Conference)  
 Mail to: Hoosier Hospitality Conference, 200 S. Meridian St., Suite 350, Indianapolis, IN 46225

I am faxing this form with my credit card as payment. Fax form to 317.673.4210  
 Charge my total to:  American Express  MasterCard  Visa  Discover Discover CID \_\_\_\_\_ (3-digit # found on the back of the card on the signature line)

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Name on Card \_\_\_\_\_  
 Signature \_\_\_\_\_

If you have a special dietary or accommodation need, please check here and we will call you.

*Confirmation/Cancellation Refunds: All registrations received will be confirmed by fax and/or mail. If you must cancel for any reason, notify us in writing by March 13, 2009 to receive a 90% refund. No refunds will be given for cancellations received after March 13, 2009.*