

International Destination Expo — Conference Registration Form

March 8-11, 2009 • Sun City, South Africa



Attendee information Please print the information exactly as it should appear on your badge. To update your information, email askasta@asta.org or call 800.ASK.ASTA or 703.739.2782.

Full Name _____ (Jr., CTC, Esq., etc.) _____

Informal name (for badge) _____ Title _____

Company _____

Address _____

City _____ State _____ Country _____ Zip _____

Telephone _____ Fax _____

Web site _____ E-mail _____

Please check box if you are a registrant with a disability or special need.

Registration Fees - for ACTA Members:

ACTA Member	\$285
Non-ACTA Member	\$335
Guest of Registered Delegate	\$385
TOTAL	\$ _____

Please answer the following questions,
check only one unless otherwise noted.

Please indicate your delegate type.

- | | |
|---|---|
| <input type="checkbox"/> Travel Agent (US) | <input type="checkbox"/> Travel Agent/Travel Educator |
| <input type="checkbox"/> International Travel Agent | <input type="checkbox"/> Student |
| <input type="checkbox"/> Travel Educator | <input type="checkbox"/> Guest |

How did you hear about the International Destination Expo?

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Mail | <input type="checkbox"/> Past Show |
| <input type="checkbox"/> Email | <input type="checkbox"/> Colleagues |
| <input type="checkbox"/> Trade Publications | <input type="checkbox"/> Other: _____ |

Check the title that most closely describes you:

- Agency Owner / Manager / VP / Director
 Retail Travel Agent
 Home-based Agent / Independent Contractor

Choose the range that represents your annual sales volume:

- Under \$1 Million
 \$1 Million - \$2 Million
 \$2 Million - \$4 Million
 Over \$4 Million

Indicate the type of business you specialize in - check all that apply:

- Corporate
 Leisure
 MICE

Have you booked travel to South Africa in the last 12 months?

- Yes No

Have visited South Africa before?

- Yes No

Exhibit

The purchase of a booth is required for any person or company who sells a product or service to travel retailers. For more information on this please contact:

Brooke Daniels E-mail: bdaniels@asta.org Call: **001.703.739.8709**

Payment

For complete processing, payment in full must accompany this registration form.

- American Express MasterCard Visa Discover Diners Club

Card No. _____ Exp. Date (MM/YY): _____

Name on Card: _____

Signature: _____

Check, Payable to ASTA, Ck# _____ (Check must be in U.S. dollars)

Wire Transfer, PNC Bank NA, 8800 Tinticun Blvd, Philadelphia Pa 19153, USA, Tel#: 1-800-272-4912
Routing/ABA: 031000053 S wift Code: PNCCUS33 Account#: 5300766238 American Society of Travel Agents

Delegate information is available for purchase by exhibiting suppliers for pre and post show follow-up literature and information. If you wish to be excluded from these conference lists, please check here.

Registration Refund Policy

For cancellations received on/before:

Dec. 21, 2008 Full refund less \$50.00 per person
Dec. 22, 2008 - Jan. 22, 2009 50% of full registration fee per person
On/After Jan. 23, 2009 No refund

ASTA reserves the right to consider any registration application that has been submitted without signature as incomplete.

For complete processing, payment in full must accompany this registration form.

No one under the age of 21 is permitted to attend any part of the International Destination Expo.

How to Register



Fax: 703.739.3268
Mail: ASTA Meetings, PO Box 820621
Philadelphia, PA 19182-0621
Call: 703.739.8716