

Sponsor Registration Form



Company Name _____ Contact Name _____

Company Address _____

City _____ State/Province _____ Country _____ Zip Code/Postal Code _____

Sponsor #1 _____ Nickname for Badge _____

Phone _____ Cell _____ Email _____

Designation ☐ CSTP ☐ CTIS ☐ CTP Guest Name (if applicable) _____

Sponsor #2 _____ Nickname for Badge _____

Phone _____ Cell _____ Email _____

Designation ☐ CSTP ☐ CTIS ☐ CTP Guest Name (if applicable) _____

Registration Rates Includes Four Night Stay at Marriott San Jose Hotel <i>No more than TWO (2) employees from sponsoring company may attend.</i>	Supplier Member Sponsorship Fee	TOTAL # Guest(s)
Sponsor: 1 st Room	<input type="checkbox"/> \$4,700 single occupancy <input type="checkbox"/> \$5,295 double occupancy	_____
Sponsor: 2 nd Room (same company as #1)	<input type="checkbox"/> \$3,000 single occupancy <input type="checkbox"/> \$3,595 double occupancy	_____
Additional Night Per Room: The cost per additional night \$239 single or double room		
<input type="checkbox"/> I would like to stay additional nights. Please provide the dates: _____		

Per Person Pricing Includes:

- Four hotel nights & taxes included (January 17-21) at Costa Rica Marriott Hotel San Jose
- Group Excursion
- Wireless Internet
- Access to hotel pools and fitness center
- Check-In Time 4PM / Check-Out Time 12PM
- Limited Triple and Quad rooms are available. Contact us for fees and details: registration@mmgevents.com

PAYMENT INFORMATION

I have enclosed payment for all items listed above in US dollars.

☐ Check Payable to SYTA, 8400 Westpark Drive, 2nd Floor, McLean, VA 22102 **Total Cost:** _____

☐ Credit Card (American Express, Discover, VISA or MasterCard)

Card Number _____ Exp. Date _____

Cardholder Name _____

PAYMENT/CANCELLATION POLICY:

Full payment is due by Friday, October 20, 2017. All cancellations are subject to a 25% administrative fee. No refunds will be granted after this time however, substitutions without penalty are welcome. SYTA regrets refunds will not be given for no-shows under any circumstances. To be considered for a refund prior to October 20, 2017 or for any substitutions, requests must be submitted in writing via email registration@mmgevents.com.

You will receive an email confirmation once you are registered.

Registration Questions: Call 703-610-0257 or Email: registration@mmgevents.com

Fax to 703-610-0203