



ASSOCIATE MEMBERSHIP APPLICATION

ASSOCIATE MEMBERSHIP is available to destinations, receptive operators, and suppliers of products, goods, and services to the student and youth market.

LEGAL COMPANY NAME

TRADE OR DBA COMPANY NAME *(As you would like it to appear in all SYTA listings)*

PHYSICAL MAILING ADDRESS *(Will be printed in publications and published online)*

Street Address

City

State

Zip

Telephone

Extension

Fax

General 800 #

Website

Email

Facebook Page Title

Twitter Handle @

FOR ANY QUESTIONS, please contact SYTA Membership at **703-610-1263** or **membership@syta.org**

COMPANY DESCRIPTION *Please provide a 25-50 word company description to be used in the SYTA membership directory and online resource*



COMPANY MEMBER TYPE (see list below) Please provide one (1) member type that fits your company best.

Associate Organization Type

Advertising Agency	Educational Facility	Meeting Facilities	Technology
Art Galleries	Entertainment	Motorcoach Operator	Theater- Broadway
Association	Entertainment Agencies	Museum	Theater- Dinner
Attractions- Educational	Festival	Not For Profit	Theater- Off Broadway
Attractions- Fun	Foundation	Other	Theater- Regional
Camp	Government Agency	Performing Arts Organization	Theater- Ticket Broker
Caterer	Historic Sights & Neighborhood	Printer	Theme/Water/Amusement Park
Communications	Hotel	Pro Sports	Tour Operator
Consulting	Hotel Chain/Management Group	Professional Society	Transportation
Corporation	Hotel/Meeting Facility	Railroads	Venue- Amphitheater
Council	Insurance	Receptive Operator	Venue- Arena
Cruise- Dining	Limo/Car Rentals	Recreation	Venue- Stadium
Cruise- Overnight	Local Sightseeing	Restaurant	Venue- Theater
Cruise- Sightseeing	Lodging- Hostel	Retail	Wholesaler
CVB- Government Designated	Lodging- Hotel	Salon/Spa	Wholesaler- Distributor
CVB- Private	Lodging- Other	Security Guards	
Destination Management Service	Manufacturer- Supplier	Special Events	
Distributor	Media	State Agency	

LIST OF COMPANY CONTACTS (As you would like it to appear in all SYTA listings)

Primary Contact: listed in the directory and serves as the "Designated Representative" for your company

Billing Contact: person who should receive billing information or invoice(s)

Directory Contact: person who will be listed in the Membership Directory and Online Resource Guide


Primary Contact	Title
Email	Phone
Billing Contact	Title
Email	Phone
Directory Contact	Title
Email	Phone


ADDITIONAL CONTACTS Add the following staff to receive SYTA membership benefits


Contact Name	Title
Email	Phone
Contact Name	Title
Email	Phone
Contact Name	Title
Email	Phone

REFERRAL *I was referred by:*

ASSOCIATE MEMBERSHIP REQUIREMENTS *Please initial all below:*

 I have read and agreed to comply with the SYTA Code of Ethics.

 I agree to maintain good financial standing with SYTA.

 I will submit a copy of certificate of incorporation/other document establishing legal name.

 My company has an established mailing address.

Please submit the name of (1) business reference from the tourism industry.

Reference Name: _____ Phone: _____

Company: _____

SYTA's Code of Ethics: Honesty and Integrity: SYTA members shall conduct business in a manner reflecting honesty, honor and integrity. **Truth in Advertising:** SYTA members shall be accurate and truthful in representing products and services in all offerings, advertisements, and promotions. **Disclosure:** SYTA members shall disclose in writing to the contracted party all terms, conditions, inclusions and policies of the agreed-to services. **Commitment to Satisfaction:** SYTA members shall strive to resolve all disputes and concerns between its company and its clients. **Professional Conduct:** SYTA members shall conduct their business activities in a professional manner with the general public. **Compliance with Law:** SYTA members shall conduct their business in compliance with all applicable state/province and country laws and regulations. **Pledge of Loyalty:** SYTA members shall pledge loyalty to the Association and agree to pursue and support its objectives.

Membership Pledge: By my signature on this application, I certify that all statements made herein are true and accurate and I agree to abide by the SYTA Code of Ethics and made every attempt to meet the requirements of the membership criteria. I certify that my company has an established mailing address. **I understand that I have 60 days from the date my application is received at the SYTA office to complete the application process, and that my company is not entitled to a refund of membership dues if the membership application process is not completed for any reason.** Once my application packet is complete, it will be forwarded to the Board of Directors for review and action. I also certify that I have the authorization to sign on behalf of this organization. Note: The membership runs from one full year from date of application.

Signature

Date

MEMBERSHIP DUES

Associate Membership + Annual Conference

One-Time Initiation Fee (upon joining):	US \$500.00 (waived with conference bundle)
Annual Membership Dues:	US \$945.00
2018 Annual Conference Registration (1 appointment taker):	US \$1,009.00

Total: US \$1,954.00

Associate Membership (No Conference)

One-Time Initiation Fee (upon joining):	US \$500.00
Annual Membership Dues:	US \$945.00
Optional Donation to the SYTA Youth Foundation:	US \$ 50.00

Total: US \$1,495.00

Checks can be made payable to **SYTA**, or if paying by credit card, please complete the following information. A receipt will be emailed you when your credit card is charged. A welcome email and packet will be sent to you upon completion of your membership application.

Please forward this entire application with all required documentation and payment to:

SYTA
Attn: Membership
8400 Westpark Dr., 2nd Floor
McLean, VA 22102-5116

PAYMENT INFORMATION

Name as it appears on your card		
Credit Card Number		
Expiration Date	V-Code (last 3 digits printed in back of card)	
Billing Address for Card		
City	State	Zipcode
I authorize SYTA to charge my credit card the amount of: \$		
Signature		Date

FOR ANY QUESTIONS, please contact SYTA Membership at **703-610-1263** or **membership@syta.org**

Supplier Registration Form

Fax this form to 703-610-0203
Visit: www.sytaevents.org/conference2018 for more information

Attendee Name _____ Nickname for Badge _____

Company Name _____

Company Address _____

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

Phone _____ Cell _____ Email _____

Designation ☐ CSTP ☐ CTIS ☐ CTP ☐ Other _____

Dietary Needs ☐ Vegetarian ☐ Vegan ☐ Other Allergies ☐ ADA/Special Needs _____

Please indicate which supplier category describes your business.

☐ Attraction ☐ DMO/CVB ☐ Hotels/Hostels ☐ Insurance Company ☐ Motor Coach Company
☐ Music Festivals ☐ Receptive Operator ☐ Restaurant ☐ Theaters/Dinner/Ticket Broker ☐ Other

By checking the box, you are answering "Yes" to the statement.

☐ I would like to volunteer and network onsite for the Conference.

☐ This is my first conference and I would like to be assigned a mentor.

☐ My organization would like to make a donation for the Silent Auction

☐ I would like to be a mentor for new attendees. Mentors will be assigned a new attendee to contact prior to conference and meet onsite at the Ice Breaker

SUPPLIER CONFERENCE PRICING	Early Bird (until April 9)	Regular (after April 9)
Supplier Taking Appointments* (1 book per member company)	<input type="checkbox"/> \$999	<input type="checkbox"/> \$1,149
Supplier NOT Taking Appointments	<input type="checkbox"/> \$994	<input type="checkbox"/> \$1,144
Supplier NEW Membership + Taking Appointments*	<input type="checkbox"/> \$1,954	<input type="checkbox"/> \$1,954
Non-Member Supplier Taking Appointments* (1 book per company)	<input type="checkbox"/> \$2,300	<input type="checkbox"/> \$2,400
Executive 1-Day Pass & Evening Event - Only for senior level executives of member companies. <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/> Monday	<input type="checkbox"/> \$350	<input type="checkbox"/> \$350

* Includes one appointment book & registration per company. An additional associate member/supplier from the same company may share appointments with another company member, but both must register individually for the conference at full rate.

ADDITIONAL OPPORTUNITIES	
Non-Industry Guest/Spouse Pass: includes THREE evening SYTA networking events. SYF social events are ticketed events and require additional purchase. ONLY available to members. Guest/Spouse Name: _____	<input type="checkbox"/> \$295
CSTP Enrollment Fee: SYTA's Certified Student Travel Professional Designation Earn your professional certification and graduate in front of your peers (Please see eligibility requirements at www.syta.org)	<input type="checkbox"/> \$295

Please complete Page 2 of the Registration Form

Supplier Registration Form (page 2)



The SYTA Youth Foundation provides deserving student and youth financial resources and programming through travel experiences that impact the lives of tomorrow's leaders. By attending one or more of the SYF events, you are directly supporting our mission and programs. All Foundation events are open to non-registered conference guests so feel free to invite friends, colleagues or vendors!

SYTA YOUTH FOUNDATION PACKAGES

To simplify registration, we have created the following registration packages for our featured events. A la carte options are available below.

☐ Registration Package 1 - \$370

Golf + DYMO

☐ Registration Package 2 - \$110

Sightseeing Tour + DYMO

☐ Registration Package 3 - \$125

5K + DYMO

☐ Registration Package 4 - \$875

Golf + Hole + Mulligan + DYMO

☐ Registration Package 5 - \$975

Table + Hole + DYMO

SYTA YOUTH FOUNDATION

Golf Classic & Luncheon

Friday, August 24, 7:00am – 2:30pm

Includes club rentals, green fees, breakfast, luncheon and transportation

Golf Classic + Luncheon - ☐ \$295 single ☐ \$1,080 foursome

Foursome: _____

Club rentals are included. Please indicate your club type:

☐ Right-Handed ☐ Left-Handed ☐ Providing my own clubs

☐ Mulligan Package - \$50

☐ Sponsor Golf Classic Hole and Contest - \$500

☐ Golf Classic + Sponsor Golf Hole - \$750

5K/Run/Walk/Slumber

Sunday, August 26, Registration 6:00am, Run starts

6:30am Includes T-shirt, snacks, water

Shirt Size:

☐ 5K - \$50 ☐ X-S ☐ S ☐ M ☐ L ☐ X-L ☐ XX-L ☐ XXX-L

Sponsor a Luncheon Table

Sunday, August 26

Includes signage and program recognition

☐ One reserved table of 10 - \$500

Dance Your Meal Off (DYMO)

Sunday, August 26

Includes two drink tickets, heavy hor d'oeuvres and live entertainment.

☐ DYMO - \$75

PRE-CONFERENCE TOURS: Thursday, August 23

☐ TBD

SIGHTSEEING TOURS: Friday, August 24

☐ TBD

☐ TBD

POST-CONFERENCE EXCURSIONS & FAM TOUR: Starting Tuesday, August 28

☐ TBD

☐ TBD

PAYMENT INFORMATION I have enclosed payment for all items listed above
(Payment in full must accompany registration in US dollars)

TOTAL ENCLOSED \$ _____

☐ Check Payable to SYTA ☐ Credit Card (American Express, Discover, VISA or MasterCard)

Card Number _____ Exp. Date _____

Cardholder Name _____

CANCELLATION POLICY:

Conference cancellations must be received in writing no later than July 13, 2018. All cancellations are subject to a \$250 administrative fee. No refunds will be granted after July 13, 2018 however, substitutions without penalty are welcome through July 27, 2018. Substitutions made after July 27 will be subject to a \$75 fee. SYTA regrets that refunds will not be given for no-shows.

You will receive an email confirmation and receipt once you are registered.

Registration Questions: Call 703-610-0257 Fax to 703-610-0203 or Email: registration@mmgevents.com