



# BAHAMAS HOTEL ASSOCIATION

LiveMocha Online Foreign Language

## REGISTRATION FORM

### COMPANY INFORMATION *(Please type or print legibly.)*

Name of Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

### PARTICIPANT'S INFORMATION *(Please provide the email address you wish to be enrolled under)*

NAME	EMAIL ADDRESS
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- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

### COST:

Member Rate \$10.00 per member      No of persons \_\_\_\_\_ x \$10.00

Non-Member Rate \$20.00 per person      No of persons \_\_\_\_\_ x \$20.00

### PAYMENT METHOD

Check must be payable to: **Bahamas Hotel Association**

Payment Type     Check     VISA     MasterCard     Cash     Discover     Bill Me

Date Paid \_\_\_\_\_ / \_\_\_\_\_

Cardholder's Name \_\_\_\_\_ Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ / \_\_\_\_\_

**Please email completed form to [lallen@bahamashotels.org](mailto:lallen@bahamashotels.org)**