

LiveMocha

AND

BAHAMAS HOTEL AND TOURISM ASSOCIATION

LiveMocha Online Foreign Language



REGISTRATION FORM

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

Name of Company: _____

Contact Person: _____

Telephone: (mobile) _____ (land) _____ Fax: _____

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 Cheque VISA MasterCard Cash Discover Bill Me

Date Paid ____ / ____ / ____

Cardholder's Name _____ Card Number _____

Expiration Date ____ / ____

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

NAME	EMAIL ADDRESS
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Please email completed form to lallen@bahamashotels.org