



2018 National Leadership Conference
Alumni Registration Form

All conference registrations are due by April 1st

Participant: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Participant: \$115.00 Guest: \$80.00 Presenter/Host Committee: Complimentary

Registration Sub-Total: _____

Merchandise & Special Events (check all that apply)

Conference T-Shirt: \$17.00 Please indicate size: _____

Walk for Special Olympics: \$15.00 (proceeds donated to Special Olympics Texas)

Veteran/Member of the Military and would like to be included in the Opening General Session

Merchandise & Special Events Sub-Total: _____

Tours (see tour list online at www.bpa.org/nlc)

Please list the TOUR, DATE, TIME, and NUMBER OF TICKETS below:

Tour Sub-Total: _____

Volunteer Opportunities (check all that apply)

Days Available:

Jobs Available:

Wednesday

Proctor

Registration Desk

Thursday

Grader

General Session(s)

Friday

Administrator

Flexible

Saturday

Event Judge (register online)

Payment Information

Please submit payment to:

Business Professionals of America
PO Box 729
Westerville, OH 43086

-or- complete the credit card
information below:

Card Number: _____ Exp. _____ CVV: _____

Signature: _____ Total Due: _____



2018 National Leadership Conference Alumni Hotel Reservation Form

Hotel reservations are due no later than April 1st. Alumni are not required to stay at a conference hotel.

Confirm Reservation to: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

CONFERENCE HOTEL:

Gaylord Texan Marriott
1501 Texan Trail | Grapevine, TX 76051 | USA
T: 817.778.1000 | F: 817.778.2049
www.marriott.com/hotels/travel/dalgt

ROOM RATE: \$264.00 (Single/Double/Triple/Quad) plus 13% tax

CHECK-IN/OUT: 4:00 PM / 11:00 AM

HOTEL RESERVATIONS: Hotel reservations booked through Business Professionals of America must be guaranteed with a credit card. Cancellations must be made 72 hours in advance or charges for first night will apply. Reservations submitted after April 1st will be accepted on a space available basis only. BPA reserves the right to relocate reservation to another conference hotel should the need arise.

Guest #1: Name: _____

Guest #2: Name: _____

Guest #3: Name: _____

Guest #4: Name: _____

Arrival Date: _____

Departure Date: _____

SPECIAL NEEDS / REQUESTS:

Please complete the below Credit Card Authorization form to guarantee the room. Reservations without a valid credit card will not be honored. A one-night's deposit is required. This can be paid via credit card or check sent directly to the hotel.



Third Party Credit Card Authorization Form

This form has been created in order to allow you to have third party expenses charged to your credit/debit card. **I understand that the hotel is not required to accept this form and the guest should check with the hotel to ensure they accept third part transactions.** Gaylord Texan Resort and Convention Center (main number 817-778-1000). Please provide all the information requested below to ensure prompt processing of your application. We ask you to please sign and date the form before submission. Please fax the completed form to Gaylord Texan Resort and Convention Center at fax number - 817-778-2049.

FOR SECURITY reasons, Marriott International conforms to all Payment Card Industry (PCI) standards. However, we recommend that the credit card holder purchase a gift card for the guest (if possible) rather than send their credit card number via this third party form.

CARDHOLDER INFORMATION - Required

Name as it appears on the credit/debit card: _____

Card Type: Visa MC Amex Diners/CB Discover JCB

Account Type: Individual - Debit / Credit Corporate - Company Name: _____

Issuing Bank: _____ Phone: _____

Account Number: _____ Exp. Date: _____

Address (statement): _____

City, State, Zip: _____

Phone Number: _____ Fax or Alternate Number: _____

GUEST INFORMATION - Required

Guest Name: _____

Address: _____

City, State, Zip: _____

Company: _____

Phone Number: _____ Fax or Alternate Number: _____

Confirmation Number: _____ Arrival Date: _____ Departure Date: _____

Relation to Cardholder: Relative Friend Business Associate Other _____

I understand that should there be any issues with the credit/debit card being used to settle my charges, I will be responsible for all expenses incurred during my stay. Departure date cannot be extended unless a new authorization form is completed.

Guest Name: (Printed) _____

Guest Signature: _____ Date: _____

RATE INFORMATION AND APPROVED CHARGES - Required

Room Rate:* \$264.00 Taxes:* 13% Total Daily Rate:* \$298.32 Number of Nights: _____

*(Rate and tax amount must be provided by a hotel representative in order to complete this form.)

All Charges Room & Tax Telephone (LD) Telephone (Local) Restaurant

Room Service Valet/Laundry Parking HS Internet Access Movies

Other _____

I certify that all information is complete and accurate. I hereby authorize Gaylord Texan Resort and Convention Center to collect payment for all charges as indicated in the Rate Information and Approved Charges section of this form by processing a charge to the credit/debit card listed above. Charges must not exceed \$_____ for the entire stay/event. I understand that a new form will have to be completed if guest wishes to extend his/her stay. I certify that I am the authorized signer of the credit/debit card listed above.

Cardholder Name: (Printed) _____

Cardholder Signature: _____ Date: _____

Please do not send a photocopy of the front or back of your credit card.

Marriott Confidential and Proprietary Information

*Note: If an email dialog box does not automatically open after pressing "Submit", you will need to save this file and email it as an attachment to jsmith@bpa.org.