# Casino/Racino Application

| | |
|---|---|
| **PROPERTY NAME:** | |
| **ADDRESS** | |
| **CITY/STATE/ZIP** | |
| **PHONE** | **FAX** |

American Hotel & Lodging Association Partner State

Please complete the blank spaces below for our records

| | | | |
|---|---|---|---|
| **# OF ROOMS:** | **COUNTY:** | | |
| | **F&B?** ○ YES ○ NO | **LIQUOR LICENSE?** ○ YES ○ NO | **POOL OR SPA?** ○ YES ○ NO |

**WEB SITE ADDRESS:** http://

| | |
|---|---|
| **PRIMARY CONTACT:** | **TITLE:** |
| **E-MAIL ADDRESS:** | |

| | |
|---|---|
| **GENERAL MANAGER:** | **E-MAIL:** |
| **ASSIST. GENERAL MANAGER:** | **E-MAIL:** |
| **DIRECTOR OF SALES:** | **E-MAIL:** |
| **CONTROLLER:** | **E-MAIL:** |
| **F&B DIRECTOR:** | **E-MAIL:** |
| **HUMAN RESOURCE DIRECTOR:** | **E-MAIL:** |
| **CHIEF ENGINEER/SECURITY:** | **E-MAIL:** |

**OWNER INFORMATION:** ☐ N/A

| |
|---|
| **COMPANY:** |
| **FIRST/LAST:** |
| **ADDRESS:** |
| **CITY/STATE/ZIP:** |
| **PHONE:** |
| **FAX:** |

**MANAGEMENT CO. INFORMATION:** ☐ N/A

| |
|---|
| **COMPANY:** |
| **FIRST/LAST:** |
| **ADDRESS:** |
| **CITY/STATE/ZIP:** |
| **PHONE:** |
| **FAX:** |

**AUTHORIZED SIGNATURE:** _____

**DATE:** _____

*The above signed agrees to abide by the Articles of Incorporation and Bylaws of the PTLA, and support the goals and objectives of the PTLA*

**Return to:** **PA Tourism & Lodging Association**
**128 Walnut Street**
**Harrisburg, PA 17101**

**FAX 717-232-8948**

## RATES

Casino/Racino (stand alone property) = $1,000

Casino/Racino with rooms = $1,000 + (see below)

Less than 50 rooms = $285.00* flat rate

*Rate listed above does not include American Hotel & Lodging Association membership.

50 – 349 Rooms = $8.05 per room

350 rooms or more = $7.45 per room

Ask about multiple-property discounts up to 30%

*Rates effective July 1, 2011 – June 30, 2012.*

**METHOD OF PAYMENT**

☐ Check/Money Order

***Make checks payable to PA Tourism & Lodging Association***

☐ MasterCard ☐ American Express

☐ VISA ☐ Discover

Credit Card Account Number

Expiration Date / Verification Code

Cardholder's Signature _____

Credit Card Billing Address *(if different from above)* ___

_____

_____