



SCHOOL/UNIVERSITY APPLICATION

SCHOOL/UNIVERSITY \$285

(above rate effective July 1, 2011 – June 30, 2012)

School Name: _____

Name/Title of Person to Receive Correspondence: _____

Address: _____

Phone: _____ Fax: _____

E-mail Address: _____

Web Address: _____

County (if within PA): _____

Number of Students in Hospitality Program _____

Billing Contact and Address if different: _____

Signature of Applicant: _____

The above signed hereby agrees to abide by the Articles of Incorporation and By-Laws, and to support the goals and objectives of the PA Tourism & Lodging Association .

**Return to: PA Tourism & Lodging Association
128 Walnut Street
Harrisburg, PA 17101
FAX 717-232-8948**



PAYMENT INFO:

Amount enclosed: \$ _____

METHOD OF PAYMENT

Check/Money Order
Make checks payable to PA Tourism & Lodging Association

American Express VISA
 Mastercard Discover

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

Credit Card Account Number

____|____| / ____|____|

Expiration Date

_____|_____|

Verification Code

Cardholder's
Signature _____

Credit Card Billing Address _____

