



SCHOOL/UNIVERSITY APPLICATION

SCHOOL/UNIVERSITY \$285
(above rate effective July 1, 2010 – June 30, 2011)

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
PO Box 12025
Harrisburg, PA 17108-2025
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 _____

