

# REGISTRATION FORM



SEPTEMBER 20-22, 2020  
HILTON SANDESTIN BEACH  
GOLF RESORT & SPA  
DESTIN, FLORIDA

## HOTEL RESERVATION INFORMATION:

**Hotel Reservation Deadline for TNT  
Conference Room Rates: August 19, 2020**

Spa Tower Partial View – TTA Standard –  
\$215.00 – King/Two Doubles  
Spa Tower Beach View - \$225.00 – King/Two Doubles  
Spa Tower Lanai Pool View - \$315.00 – King/Two Doubles  
Spa Tower King Ambassador Suite - \$415.00  
Spa Tower Beach Front - \$365.00 – King/Two Doubles  
Presidential Suite - \$715.00  
Emerald Deluxe Junior Suite Partial View - \$245.00  
Emerald Deluxe Junior Suite Beach View - \$255.00  
Emerald Deluxe Lanai Pool View - \$365.00  
Emerald Deluxe 1 Bedroom Family Suite - \$415.00  
Emerald Deluxe Junior Suite Beach Front - \$349.00

*Note: Discount Room Rates for September 20, 21, and 22 only. TNT Discount Room Rates are not guaranteed after August 19, 2020.*

### Make Reservations by Phone

Indicate that you are a Tennessee Trucking Association convention attendee by calling the hotel at 1-850-267-9500.

### Make Reservations Online

At [www.sandestinbeachhilton.com](http://www.sandestinbeachhilton.com)

- Group/Convention Code: TNT

**Hotel Cancellation Policy:** The hotel requires one night's room deposit. Cancellation requests must be received fourteen (14) days prior to arrival to receive full refund of deposit.

**Hotel Early Departure Fee:** An early checkout fee of one night's room and tax will be charged unless the hotel is advised prior to or at the time of check in.

- Check-in 4:00 p.m. – Check-out 11:00 a.m.

### Please return this completed form to:

Tennessee Trucking Association  
4531 Trousdale Drive  
Nashville, TN 37204  
Phone: 615-777-2882  
Fax: 615-777-2024

Or scan and email to Carol at [cfoster@tntrucking.org](mailto:cfoster@tntrucking.org).

Checks should be payable to *Tennessee Trucking Association*. Payment must accompany registration form.

Registrations received after August 19, 2020 will be subject to a \$50 late fee. Refund requests after August 26, 2020 will be subject to a \$50 processing fee. Room rates do not include tax.

**NO REFUNDS AFTER SEPTEMBER 9, 2020**

## REGISTRATION DEADLINE AUGUST 19, 2020

Registration after August 19, 2020 subject to a \$50 late fee.

## REGISTRANT INFORMATION: *Please print or type*

Type of registration (check one)  Individual  Couple

**Note: Please check flag box if attendees are a U.S. Veteran**

First Name for Badge: \_\_\_\_\_

Last Name for Badge: \_\_\_\_\_

Job Title: \_\_\_\_\_

Spouse/Guest

First & Last Name for Badge: \_\_\_\_\_

Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Arrival Date: \_\_\_\_\_

Departure Date: \_\_\_\_\_

**Attending Breakfast on Monday, September 21, 2020. 1  or 2**

**Attending Breakfast on Tuesday, September 22, 2020. 1  or 2**

**Attending the Expo Lunch on Tuesday, September 22, 2020 from 12:00-1:30 pm. 1  or 2**

**Attending the Closing Reception on Tuesday, September 22, 2020 from 5:30-7:00 pm 1  or 2**

## CONVENTION REGISTRATION FEES:

Member Registration \$595 \$ \_\_\_\_\_

*(Individual or Couple, Carrier or Allied)*

**\*Additional Carrier Representative First Time** \$445 \$ \_\_\_\_\_

**\*\*Welcome Back Carrier Registration** \$300 \$ \_\_\_\_\_

*(No Company Representative has attended TTA Convention in the past three years)*

**\*\*First Time Attendee Carrier Registration** \$175 \$ \_\_\_\_\_

*(No Company Representative has attended TTA Convention before)*

Non-Member Registration \$895 \$ \_\_\_\_\_

*(Carrier or Allied)*

Late Fee

*(For registrations after August 19, 2020)* \$50 \$ \_\_\_\_\_

Golf (per person) Player 1 HDCP \_\_\_\_\_ \$200 \$ \_\_\_\_\_

Player 2 HDCP \_\_\_\_\_

Retired TTA Member Registration \$250 \$ \_\_\_\_\_

*(Individual or Couple, Carrier or Allied)*

**TOTAL** \$ \_\_\_\_\_

**\*Call the TTA for additional information.**

**\*\*Limited to one (1) principal/spouse per eligible company. Motor Carriers only.**

## PAYMENT INFORMATION:

Check Enclosed  Visa  MasterCard  AMEX

Card Number: \_\_\_\_\_

Expiration: \_\_\_\_\_

AMEX SEC. Code \_\_\_\_\_ (4 digits on front of card)

MC & VISA SEC. Code \_\_\_\_\_ (3 digits on back of card)

Name on Card: \_\_\_\_\_

Billing Address on Card: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_