



Missouri Group Travel Exchange

April 27-29, 2020

Drury Plaza Hotel &
Conference Center
Cape Girardeau



Planner Registration Form

Please complete this registration form and return it to Missouri Travel Alliance, 1505 East Riverside Drive, Cape Girardeau, MO 63701-2219. You will receive a confirmation email when your form has been received.

Company Name: _____

Delegate Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Payment: \$125 per group travel planner delegate. *(Make checks payable to Missouri Travel Alliance)*

Amount: \$ Check Credit Card: Visa MasterCard Discover American Express

Card Number: _____ Expiration Date: _____

Cancellation policy: 50% refund if written notice is received by February 29, 2020. No refunds issued after that date.

1) What type of travel group do you represent? Bank Club Senior Travel Alumni
 Tour Operator Other (Please describe:) _____

2) How many overnight tours do you typically conduct each year? _____
What is the average length of your overnight tours in the Midwest? _____

3) Please list 2 group tours you have successfully conducted in the Midwest in the last year, along with supplier contact information:

Destination:	Supplier Contact Information:
a. _____	_____
b. _____	_____

4) Do you belong to any professional travel industry association(s)? Yes No
If yes, please name 1 or 2 of them: _____

Questions? Contact Chuck Martin: MOGroupTravelExchange@gmail.com | 573-803-3777.