



AmericInn Certified Lodging Training  
Registration Form

Name: \_\_\_\_\_

Title: ☐ GM ☐ Owner ☐ AGM/GSR ☐ Mgmt. Co.

Property: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

Have you attended ACLT class before: ☐ Yes ☐ No

Session Attending:	<input type="checkbox"/>	January 24-28, 2011
	<input type="checkbox"/>	May 16-20, 2011
	<input type="checkbox"/>	July 18-22, 2011
	<input type="checkbox"/>	September 12-16, 2011
	<input type="checkbox"/>	November 7-11, 2011

By filling out this form and sending to AmericInn I am holding a place in the upcoming information packed ACLT program during the dates indicated above. **I agree to pay a \$250.00\* registration fee that will be billed directly to my property at the time of registration.**

Send completed registration information to:

[cbushman@AmericInn.com](mailto:cbushman@AmericInn.com)

Fax: 952-294-5001

Attn: Carrie Bushman

Signature: \_\_\_\_\_

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

A \$100 cancellation fee will be incurred if registration is cancelled within 2 weeks of class.

\*Subject to change