



# 2018-19 Application for Supplier Corporate Membership

Supplier membership is available to suppliers of travel services (for example hotels, transportation companies, restaurants, attractions) and other organizations engaged in selling products/services to Inbound Operator Members, or other organizations with an interest in international inbound travel, like government agencies, educational institutions, travel trade associations, travel trade media.

## General Information

Date \_\_\_\_\_

Company \_\_\_\_\_

Street Address \_\_\_\_\_

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

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Web Site \_\_\_\_\_

President/Owner Name \_\_\_\_\_ Title \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Primary Contact Name \_\_\_\_\_ Title \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Additional Contact \_\_\_\_\_ Title \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Additional Contact \_\_\_\_\_ Title \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Additional Contact \_\_\_\_\_ Title \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Were you referred to IITA by an individual or company? \_\_\_\_\_

## Company Profile

1. Date business was established and location? \_\_\_\_\_

If a rated company, please indicate rating \_\_\_\_\_

2. Which category best describes the company's primary business?

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Cruises & Water Tours       | <input type="checkbox"/> Restaurants & Catering | <input type="checkbox"/> Transportation        |
| <input type="checkbox"/> Entertainment & Attractions | <input type="checkbox"/> Shopping / Malls       | <input type="checkbox"/> Travel Marketing      |
| <input type="checkbox"/> Hotels & Lodging            | <input type="checkbox"/> Sightseeing            | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Museum & Cultural Sites     | <input type="checkbox"/> Ticket Agents          |  |

3. How does the company meet the criteria for Supplier Corporate Membership? Please briefly describe the company and its services (25 words or less).

\_\_\_\_\_  
\_\_\_\_\_

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## IITA Code of Ethics

“As a Member of the International Inbound Travel Association, my company and its representatives will:

- Support IITA mission and objectives,
- Educate our management and staff to effectively operate business partnerships with fellow members,
- Be guided in all of our activities by truth, accuracy, fairness and integrity,
- Honor all our commitments to fellow members,
- Avoid business practices which could be damaging to fellow members,
- Avoid activities which would create a conflict of interest,
- Encourage the highest standards of service and conduct by our management and staff.”

I have read, understand, and agree to abide by the IITA Code of Ethics.

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## Payment Information

IITA’s membership year is from July 1 to June 30.

**Supplier Corporate Membership Dues are \$995 per year and come with five contacts**  
(President/Owner, Primary and three Additional).

Please Check Payment Method:

Enclosed find a check (payable to International Inbound Travel Association) in the amount of: \$ \_\_\_\_\_

Charge my credit card in the amount of: \$ \_\_\_\_\_

If paying by credit card, please check one of the following:     VISA                       MasterCard                       Amex

Cardholder’s Name \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_

Account # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Mail or fax completed application with payment information to:

**International Inbound Travel Association, Inc.**  
**2365 Harrodsburg Road Suite A325**  
**Lexington, KY 40504**  
**Phone: 866.939.0934 Fax: 859.226.4404**

Questions?

Please call 859.219.3545 or e-mail [headquarters@inboundtravel.org](mailto:headquarters@inboundtravel.org)

THANK YOU