

Hotel/Associate Commitment Form



Please complete and return this page to Stacy Gleason at HSMAI (stacy.gleason@hsmái.org) to indicate your commitment for the 2024 calendar year as a Hotel/Associate Organizational Member. We will be in touch with you shortly to gather additional details.

Organization Name: _____

Primary Contact Name: _____

Title: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Secondary Contact Name: _____

Title: _____

Phone: _____

Email: _____

Hotel/Associate Organizational Membership Tier:

☐ Diamond \$39,500

☐ Sapphire \$19,500

☐ Emerald \$29,500

☐ Ruby \$8,500

Method of payment:

☐ Check/Wire:

A check, made payable to HSMAI, is being sent to HSMAI at 1660 International Drive, Suite 600, McLean, VA 22102. Wire/EFT information available on request. Anticipated date: _____

☐ Credit Card:

Invoices can be paid by credit card. Please provide the name and email address that the invoice and instructions should be forwarded to.

Name: _____ Email: _____