AHLA RESORT COMMITTEE APPOINTMENT FORM

_____ **YES**, I accept this appointment to the AHLA Resort Committee.

_____ **NO**, I am unable to serve on the Committee at this time.

Signature: _____

Date: _____

Please complete the information below as you would like to appear in our committee roster:

Name: _____

Title: _____

Company/Property: _____

Address: _____

_____

_____

Phone: _____

Email: _____

Property Website: _____

Additional information (optional)

Spouse: _____

Home Address: _____

_____

Mobile: _____

Personal Email: _____

Return completed form to:

Harrison Strickler
Manager, Committee Meeting Engagement
Staff Liaison, AHLA Resort Committee
American Hotel & Lodging Association
1250 Eye Street, NW, Suite 1100
Washington, DC 20005
hstrickler@ahla.com