



# Mississippi Hotel & Lodging Association

## MISSISSIPPI HOSPITALITY CERTIFIED PROGRAM APPLICATION

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

Address: \_\_\_\_\_ CITY, ZIP \_\_\_\_\_

Website: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Lodging Type (Hotel, Motel, Inn, B&B, Resort, Casino Resort, CampGround, Cottages, Condo/Time Share/Fractional, etc.):  
\_\_\_\_\_

Number of Rooms/Units: \_\_\_\_\_

### 2007-2008 FEE STRUCTURE:

<u>Number of Rooms</u>	<u>MH&amp;LA Member</u>	<u>Non-Member</u>
1- 75	\$250	\$450
76-100	\$300	\$650
101-150	\$350	\$800
151-200	\$400	\$1,050
201-500	\$600	\$1,450
500+	\$800	\$1,800

\*\*MH&LA members who have formally received a AAA "Triple Diamond" or Mobil "Three Star" Designation or above will receive automatic inclusion in Program for Year One. However, there will be a nominal charge of \$50 for use of the **Hospitality Certified Seal**.

\*\*\*\*The Certification Process considers Exterior and Property Amenities, Public Spaces and Guest Rooms. Food & Beverage outlets and Casino Gaming areas are not evaluated. Any Certification Expenses while on property are absorbed by the participating property.

Headquarters Office:

829 Vieux Marche / P.O. Box 116 \* Biloxi, MS 39533 \* Tel: 228-374-8611 \* 888-565-1122 \* Fax: 228-435-0630

Email: [MSHotel@aol.com](mailto:MSHotel@aol.com) \* Web: [www.MSHLA.com](http://www.MSHLA.com)

Jackson Legislative Office:

120 N.Congress St., P. O. Box 3026 \* Jackson, MS 39207-3026 \* Tel: 601-352-7646 \* Fax: 601-352-7131 \* Email: [jms@gpac.net](mailto:jms@gpac.net)

**HOSPITALITY CERTIFIED PROGRAM PAYMENT :**

Check – Payable to MH&LA \_\_\_\_\_

Name on Check (i.e. Corporate, Personal, etc.) \_\_\_\_\_

To expedite the process, please Fax copy to MH&LA and send check by mail.

**Credit Card**

Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ American Express \_\_\_\_\_

Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name (Exactly as it appears on card): \_\_\_\_\_

Credit Card Authorization Signature: \_\_\_\_\_

**Name & Title of person completing this Application:**

\_\_\_\_\_

Name

\_\_\_\_\_

Title

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**CONTACT INFORMATION:**

Linda Hornsby, Executive Director

Mississippi Hotel & Lodging Association

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