I wish to be a Charter member of the Travel Reseller Initiatives Project by offering my financial support.

Name: _____

Organization: _____

Address: _____

Email: _____

Phone: _____

I represent a:

◯ Fulfillment Company

◯ Sales Distributor

◯ Marketing Company

◯ Industry Supplier

Make checks payable to:

Travel Reseller Initiatives Project, Inc.

PO Box 15725 Scottsdale, AZ 85267

TRIP®