



Resort Participation Enrollment Form

Resort Name/Company: Resort Code:

Resort Address: City:

State/Province: Postal Code: Country:

Program Contact Name:
(Person who will be responsible for coordinating VIP Club management on-site or at resort level)

Business Phone Number: Extension: Fax Number:

Email Address:

Number of VIP Club membership cards required:

Approval (limited to resort manager or above): Date:

List the email addresses below for employees joining the program, or email the list to *Sonia.Landin@intervalintl.com*. They will begin receiving Getaway offers.

| | |
|----------------|----------------|
| Email Address: | Email Address: |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Thank you and welcome to VIP Club!

Please return completed registration form to:

Sonia Landin
Interval International
Corporate Marketing Department
6262 Sunset Drive
Miami, Florida 33143

Phone: 305.666.1861, Extension 7340
Fax: 305.668.3413
Email: *Sonia.Landin@intervalintl.com*



GO AHEAD AND GETAWAY!