

REGISTRATION FORM

SECTION 1

You may apply for certification under one of two different plans. Check the plan that applies to you and be sure to read each eligibility requirement carefully. You must satisfy all requirements to be accepted under the plan you select.

☐ Plan A Eligibility - Education Plus

I am currently employed as a general manager, owner/operator*, or corporate executive** in a lodging hospitality company - with at least two years of full-time experience in one or more such positions. AND
I have earned at least a two-year degree from an accredited institution or I have successfully completed the Educational Institute's twelve course Hospitality Management Diploma program.

☐ Plan B Eligibility – Experience

I am currently employed as a general manager, owner/operator*, or corporate executive** in a lodging hospitality company - with at least three years of full-time experience in one or more such positions.

Educators: You can meet Plan B requirements if you are currently teaching hospitality management courses on a full-time basis at an accredited academic institution, have one year of experience in this capacity, and have three years of full-time experience in a CHA qualifying position in a lodging hospitality company

* Non-proprietary documentation that substantiates ownership of at least one hotel/lodging property.

** A corporate executive is defined as an individual, employed by a firm responsible for the operation of three or more properties, who serves as a regional or corporate director of operations, or has ultimate corporate responsibility for rooms, marketing, accounting and finance, human resources, or engineering.

SECTION 2

PERSONAL AND PROFESSIONAL DATA (Correspondence will be sent to your business address unless otherwise indicated.)

Print Name (Mr./Mrs./Ms.)		Birth Date :		FOR OFFICE USE ONLY	
Home Mailing Address				Customer#	
City/State/Province		Postal Code		Payment	
Business Phone ()		Home Phone ()		Order #	Enrollment Date
Business Fax ()		E-mail			
Present Position		starting month/year		Supervisor's name	
Company Property					
Mailing Address				Supervisor's Phone	
City/State/Province		Postal Code			
Property affiliation (chains, Referral groups, management companies; includes brochures if possible)				Property/Company Size	

PLEASE RETURN TO :

The International Bali Tourism Institute

Sekolah Tinggi Pariwisata Bali Internasional

International Training & Academic Center (ITAC)

Jl. Kecak No. 12- Gatot Subroto Timur, Denpasar, Bali

(Phone) +62-361-426699, +62811387673

E-mail : stpbi.iapcenter@gmail.com

wiwin.visionplanner@gmail.com

SECTION 3 - FEES/PAYMENT

The CHA certification program fee is US\$ 890 (*Eight Hundred Ninety*) . Please transfer the fee to Sekolah Tinggi Pariwisata Bali Internasional , **BANK BNI Denpasar, Bali account number # 3555666772.**

This fee includes:

- Exam Preparation Booklet including a resource materials for the Certified Hotel Administrator program.
- Application and Exam Fee.
- Certificate, Lapel Pin and the CHA Designation for candidates who successfully pass the certification exam.
- Twice daily coffee break during the 4 days sessions
- One time farewell dinner at the last day

SECTION 4 - THE CHA EXAMINATION

If you plan to take your exam at a review session, please provide the location and date below. Note that there may be a fee to attend and that these programs may be cancelled due to low enrollment.

REVIEW SESSION REGISTRATION	
Location : STP Bali International - BALI, Indonesia The International Bali Tourism Institute <i>Sekolah Tinggi Pariwisata Bali Internasional</i> Jl. Kecak No. 12- Gatot Subroto Timur, Denpasar, Bali	Review Class : 17 -20 March 2015 Date of Exam : 21 March 2015

PROCTOR INFORMATION	
Name : Mr. Robert O'Hallaron	Title : CHA, CHE, CFBE
Name : Mr. Wiwin Suyasa	Title : CHE, CHA
Organization : American Hotel & Lodging Educational Institute 800 N. Magnolia Ave., Suite 300, Orlando, FL 32803	

SECTION 5 - CERTIFICATION AGREEMENT

Please read the following Certification Agreement and sign and date it at the bottom. We **must** have your signature below to process your application.

The information I have provided is accurate. I understand that acceptance into the CHA program is based on this application, any support materials I have enclosed, and a favorable recommendation from my reference. I give the Educational Institute permission to thoroughly investigate my past employment, education, and professional development activities. I release from liability all persons and companies supplying such information. I indemnify all persons I have listed in this application against any liability which might result from such an investigation. If I am accepted as a CHA candidate, I will have six months to complete **all** program requirements. If I do not complete the program within six months I will have to re-apply and submit all fees. I agree to hold the Educational Institute and its Certification Commission harmless from any and all liability in the event this application is rejected on the basis of the information furnished by me or third persons which would, in the judgment of the Educational Institute, make me ineligible for certification. I agree to accept the Certification Commission's decision as to my eligibility for this certification.

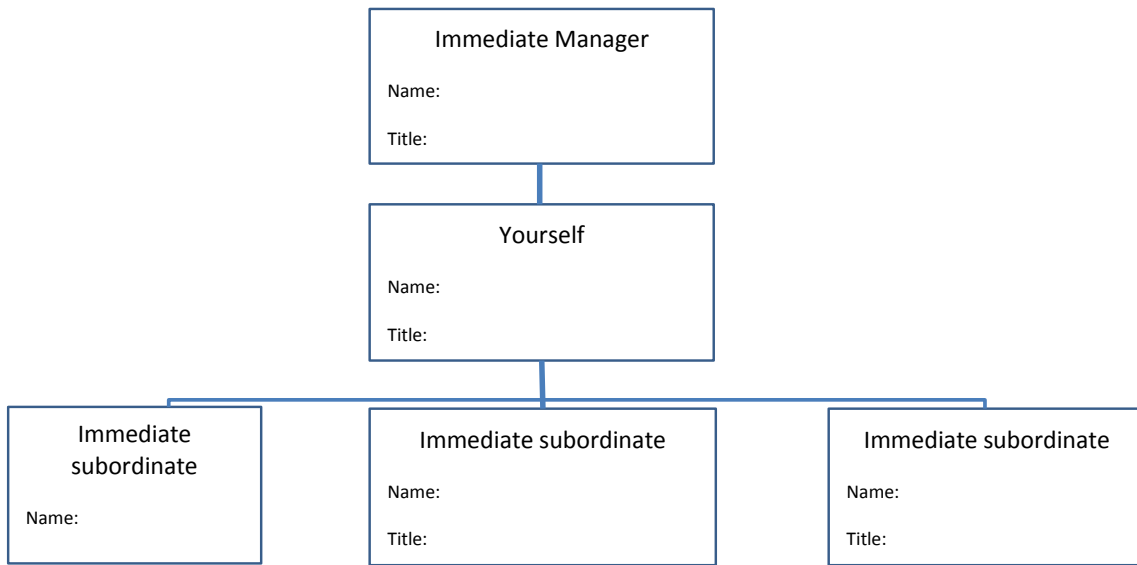
The CHA program and fees associated with the program are non-refundable and non-transferable.

Signature : _____ Date: _____

Print Name: _____

Organizational Chart and Resume*

*Please note that you can use this sample document as the Organizational Chart and Resume requirements



Current Title :
Start Date :
Property:
Location (city, State or Province, Country):
Job Description:

Previous Title
Start Date :
Property:
Location (city, State or Province, Country):
Job Description:

Previous Title :
Start Date :
Property:
Location (city, State or Province, Country):
Job Description:

PLEASE TYPE OR PRINT CLEARLY - FILL OUT COMPLETELY

The Certified Hotel Administrator (CHA) designation recognizes those individuals who have demonstrated exemplary leadership and managerial abilities in a hospitality setting. Those who earn the CHA are seen as highly competent, respected professionals who are knowledgeable in their positions.

Please complete the information below on behalf of the individual applying for certification. Acceptance into the CHA program is contingent on verification of employment. The applicant has been directed to give this form to an immediate supervisor or corporate representative.

This information will be subject to verification through the corporate office.

(Note: EI's Certification Department will not accept verification statements from a relative or person with the same last name.)

I verify that (name)	
has been employed with (company/property)	
in the position of	
for the period of (month/year)	through (month/year)
His/her responsibility include:	
Additional comment :	

Based on the applicant's experience and competence:

☐ I attest that the above information is true and understand that any misinformation provided will affect the candidacy of stated CHA applicant. I recommend this individual for the CHA program and verify that the candidate currently holds a qualifying position as general manager, owner/operator, or corporate executive. I will, if called upon, answer any questions regarding the employment of the stated CHA applicant.

☐ I do not recommend this person for acceptance as a CHA candidate.

Signature		Date
Your Name (Mr./ Mrs)		
Title	Property	
Address	City	
	State/Province	
State/Province	Country	ZIP
Business Telephone ()	Fax ()	Email