

REGISTRATION FORM



SEPTEMBER 20-22, 2026
HILTON SANDESTIN BEACH
GOLF RESORT & SPA
DESTIN, FLORIDA

HOTEL RESERVATION INFORMATION:

Hotel Reservation Deadline for TNT

Conference Room Rates: August 21, 2026

Spa Tower Partial View – TTA Standard –
\$260.00 – King/ Two Queen
Spa Tower Beach View - \$260.00 – King/Two Queen
Spa Tower Lanai Pool View - \$365.00 – King/Two Queen
Spa Tower King Ambassador Suite - \$465.00
Spa Tower Beach Front - \$415.00 – King/Two Queen
Presidential Suite - \$1,365
Emerald Deluxe Junior Suite Partial View - \$275.00
Emerald Deluxe Junior Suite Beach View - \$285.00
Emerald Deluxe Lanai Pool View - \$475.00
Emerald Deluxe 1 Bedroom Family Suite - \$425.00
Emerald Deluxe Junior Suite Beach Front - \$475.00

Note: Discount Room Rates for September 20, 21, and 22 only. TNT Discount Room Rates are not guaranteed after August 21, 2026. Room rates do not include tax.

Make Reservations by Phone

Indicate that you are a Tennessee Trucking Association convention attendee by calling the hotel at 1-850-267-9500.

Make Reservations Online

At www.sandestinbeachhilton.com Group/Convention Code: TNT

Hotel Cancellation Policy: The hotel requires one night's room deposit. Cancellation requests must be received fourteen (14) days prior to arrival to receive full refund of deposit.

Hotel Early Departure Fee: An early checkout fee of one night's room and tax will be charged unless the hotel is advised prior to or at the time of check in.

Check-in 4:00 p.m. – Check-out 11:00 a.m.

Please return this completed form to:

Tennessee Trucking Association
4531 Trousdale Drive
Nashville, TN 37204
Phone: 615-777-2882
Fax: 615-777-2024

Or scan and email to Carol at cfoster@tntrucking.org.

Checks should be payable to *Tennessee Trucking Association*. Payment must accompany registration form.

Registrations received after August 21, 2026 will be subject to a \$50 late fee. Refund requests after August 28, 2026 will be subject to a \$50 processing fee.

NO REFUNDS AFTER SEPTEMBER 14, 2026

REGISTRATION DEADLINE AUGUST 21, 2026

Registration after August 21, 2026 subject to a \$50 late fee.

REGISTRANT INFORMATION: *Please print or type*

Type of registration (check one) ☐ Individual ☐ Couple

First Name for Badge: _____

Last Name for Badge: _____

Job Title: _____

Spouse/Guest

First & Last Name for Badge: _____

NO REFUNDS AFTER SEPTEMBER 14, 2026

Company: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Arrival Date: _____ Departure Date: _____

Attending Breakfast on Monday, September 21, 2026. 1 ☐ or 2 ☐

Attending Breakfast on Tuesday, September 21, 2026. 1 ☐ or 2 ☐

Attending the Expo Lunch on Tuesday, September 22, 2026 from 12:00-1:30 pm. 1 ☐ or 2 ☐

Attending Chairman's Banquet, September 22, 2026. 1 ☐ or 2 ☐

CONVENTION REGISTRATION FEES:

Member Registration \$775 \$ _____

(Individual or Couple, Carrier or Allied)

*Welcome Back Carrier Registration \$360 \$ _____

(No Company Representative has attended TTA Convention in the past three years)

**First Time Attendee Carrier Registration \$235 \$ _____

(No Company Representative has attended TTA Convention before)

Non-Member Registration (Carrier or Allied) \$1000 \$ _____

Late Fee

(For registrations after August 15, 2025) \$50 \$ _____

Golf (per person) Player 1 HDCP _____ \$235 \$ _____

Player 2 HDCP _____ \$ _____

Retired TTA Member Registration \$310 \$ _____

(Individual or Couple, Carrier or Allied)

Kids Meal (Each) \$60 \$ _____

Additional Chairman's Banquet Ticket \$110 \$ _____

TOTAL \$ _____

***Limited to one (1) principal/spouse per eligible company. Motor Carriers only.**

****Call the TTA for additional information.**

☐ Special Dietary needs please check here so that we may contact you prior to banquet.

WE CANNOT ACCOMMODATE SPECIAL ORDERS MADE AT THE BANQUET.

PAYMENT INFORMATION:

☐ Check Enclosed ☐ Visa ☐ MasterCard ☐ AMEX

Card Number: _____

Expiration: _____

AMEX SEC. Code _____ (4 digits on front of card)

MC & VISA SEC. Code _____ (3 digits on back of card)

Name on Card: _____

Billing Address on Card: _____

City: _____ State: _____ Zip: _____