



2024 Tri-State Distributors Incentive Trip : Los Cabos

Monday, May 6 - Friday, May 10, 2024



We look forward to you joining us for an all-inclusive Baja bliss to the Hyatt Ziva Los Cabos, Mexico, situated on the stunning tip of the Baja California Peninsula.

We would like to thank our valued Sponsors:

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Dear Valued Customer,

Thank you for your valued business with Tri-State Distributors. We would like to cordially invite you and one guest for an amazing trip to Los Cabos, Mexico, where you will experience a four-night stay at the Hyatt Ziva Los Cabos, a luxurious all-inclusive resort nestled on the breathtaking tip of the Baja California Peninsula.

Travel Details:

- **Group Trip Dates: MONDAY, May 6 - FRIDAY, May 10, 2024**
- **Airport: You will fly into Los Cabos International Airport: Code SJD**
- **Airport Transportation:** Transportation to and from the hotel will be arranged by Tri-State.
Airport transfer requirements beyond May 6 and May 10 will be subject to additional fees.
If you are staying at another resort before or after, you will need to arrange your own transportation to or from the Hyatt Ziva and/or the airport.
- You are responsible for booking your airfare and travel expenses. Tri-State Distributors will reimburse \$200.00 per person (max 2 ppl) for flight costs after the trip. Reimbursement checks will be distributed and mailed approximately 3 weeks upon returning.

Resort Details:

- Hotel accommodations will be arranged by Tri-State.
- Additional nights will be at your own expense and based on the availability at the Hyatt Ziva.
 - Additional nights at the Hyatt Ziva can be booked through Jackie and will be paid directly to Tri-State.
- Children are welcome to accompany you; however, any associated expenses will be at your own cost.
Kids (3-12) are \$120 per night; children 12 and older are \$142 per night.
- No Adult Quad arrangements are allowed. Maximum room capacity is 2 Adults/2 children, 3 Adults /1 child or 3 Adults/no children. **3rd person adult rate is \$142 per night.**
- **Check-in is 3:00 pm / Check-out is 11:00 am.**
**If you need a later check-out time please let Jackie know in order to get prior authorization.*

*Welcome reception will be held on Monday, May 6th beginning at 6:30 pm

*Gas Division meeting will be held on Tuesday, May 7th beginning at 10:00 am

RSVP information:

Please **RSVP by Friday, February 9, 2024** either by using the following link <https://form.jotform.com/240083760882055> or the form included with this invite.

IMPORTANT Details:

When making travel plans please expect a 20 min travel time from the airport to the resort.

On departure day, you will be picked up approximately 3 hours before your flight departs.

A passport book is required for international air travel. Check that your Passport is set to expire at least six months or later after the final day of travel. For example, if your passport expires in May, June, July, August, September, October or November of 2024, you will NEED to RENEW your passport.

****American Dollars are very acceptable in Mexico!!****

FLIGHT INFORMATION NEEDED

Please use the enclosed form on the last page or simply forward your flight itinerary to marketing@tsdsupply.com by **Friday, March 8, 2024**, to ensure that your transfers can be arranged. **Flight information needs to include the following:**

Arrival: Airline Name (ie: Delta, American, Spirit, etc), Flight #, City you are flying from and Arrival Day & Time

Departure: Airline Name (ie: Delta, American, Spirit, etc), Flight #, City you are flying from and Departure Day & Time

If you have any questions about the trip, please email Jackie at marketing@tsdsupply.com or call 706-245-6164 x2044.

We hope that you will be able to join us at the exquisite Hyatt Ziva Los Cabos All-Inclusive Resort!!

Best Regards,

Tom Tolleson
Tom Tolleson, President
Tri-State Distributors

Bill Hynd
Bill Hynd, Vice-President Gas Division
Tri-State Distributors



Congratulations! You have earned a trip for 2 for an all-inclusive 4 night stay at the *Hyatt Ziva Los Cabos, Mexico*. Please RSVP using the form below and emailing it to marketing@tsdsupply.com or via the online form at <https://form.jotform.com/240083760882055>.

PLEASE PRINT CLEARLY

This is very important for making necessary travel arrangements. Thank you for your cooperation.

Company Name: _____ TSD Account #: _____

Attendant #1

First & Last Name (Print) _____

Phone Number: _____ Email Address: _____

Gender: _____ **MEN'S Style** T-shirt Size: _____

Mailing Address (for trip packet): _____

Attendant #2

First & Last Name (Print) _____

Phone Number: _____ Email Address: _____

Gender: _____ **MEN'S Style** T-shirt Size: _____

Mailing Address (for trip packet - if different than above): _____

If Applicable:

Child #1: First & Last Name and Age (Print) _____

Child #2: First & Last Name and Age (Print) _____

Do you need a Wheelchair/Scooter accessible room: NO YES

Do you need TWO beds: NO YES

Any additional information we should know? _____

If you would you like to Upgrade your room at your **Own** Expense please email marketing@tsdsupply.com for room categories, rates and availability.

Space for upgrades are extremely limited.

Check-in is 3:00 pm / Check-out is 11:00 am *If you need a later check-out time please let Jackie know in order to get prior authorization.



FLIGHT ITINERARY

Please enter your flight Itinerary or forward your flight itinerary to marketing@tsdsupply.com

Attendee 1 Name: _____

Arriving Airline Name and **Flight #**(ie: Delta Flight #875): _____

Arrival Date: _____ Arrival Time (**AM or PM**): _____ City arriving from: _____

Departing Airline Name and **Flight #** (ie: Delta Flight #875) _____

Departure Date: _____ Departure Time (**AM or PM**): _____ City flying to: _____

Attendee 2 Name: _____

(specify "SAME" if flight information is the same as the above) _____

Arriving Airline Name and **Flight #**(ie: Delta Flight #875): _____

Arrival Date: _____ Arrival Time (**AM or PM**): _____ City arriving from: _____

Departing Airline Name and **Flight #** (ie: Delta Flight #875) _____

Departure Date: _____ Departure Time (**AM or PM**): _____ City flying to: _____

FLIGHT REIMBURSEMENT INFORMATION

Flight Reimbursement checks will be mailed out approximately 3 weeks after returning from the trip.

PLEASE MAKE MY FLIGHT REIMBURSEMENT CHECK OUT TO: (List an individual name or company name)

NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____