

TRADITIONAL SUITE REQUEST FORM

WSWA 76TH ANNUAL
CONVENTION & EXPOSITION

March 31 - April 3, 2019
Grande Lakes Orlando



This form is **INTERACTIVE**. You can type directly onto this form, **RENAME IT WITH YOUR LAST NAME**, save it and email it as an attachment to registrations@wswa.org. If returning by mail, please type, print clearly or attach a business card.

DIRECTIONS

Complete all sections of this form to reserve a Traditional suite and register attendees.

- Completed employee registrations must be submitted online or may be sent in along with this form. WSWA will not process suite requests without completed registrations on file.
- Return this form, along with appropriate registration forms and fees no later than January 9, 2019.
- Traditional Suite Requests received after January 9, 2019 will be accepted on a space available basis.
- This agreement is not valid until a) the registering company has been allocated a suite by WSWA and b) the Suite Terms & Agreement has been signed and returned.**
- The mandatory night stay dates are April 1-3, 2019 (check-out date, Thursday, April 4, 2019). Early departure fees will be equivalent to the difference between the number of mandatory nights and the actual nights stayed at the confirmed suite rate.
- Please see Traditional Suite assignment criteria on the page 2 of this form.**
- Please be certain to read and agree to the directions and Terms & Conditions set forth on this form and sign STEP 4 (on page 2).

RETURN THIS COMPLETED FORM WITH PAYMENT:

By mail to:

WSWA
Meetings & Conventions Department
805 15th Street, NW, Suite 1120
Washington, DC 20005

By email to:

registrations@wswa.org

Online Registration available at:

www.wswaconvention.org

STEP 1: TRADITIONAL SUITE REQUEST

The information provided will assist the Traditional Suite Committee in making Traditional Suite assignments.

COMPANY NAME _____		
OFFICIAL SUITE NAME TO BE PUBLISHED <i>(if different from above)</i> _____	COMPANY WEBSITE _____	
MAILING ADDRESS _____	CITY _____	STATE / ZIP / COUNTRY _____
MAIN CONTACT NAME <i>(Main Contact for suite will be published - This person must be registered)</i> _____		MAIN CONTACT JOB TITLE _____
MAIN CONTACT PHONE NUMBER <i>(to be published)</i> _____	MAIN CONTACT ON-SITE CELL <i>(Will Not be published)</i> _____	MAIN CONTACT EMAIL _____
PRE-CONVENTION / PLANNING CONTACT NAME <i>(if different from above)</i> _____		PRE-CONVENTION CONTACT JOB TITLE _____
PRE-CONVENTION CONTACT PHONE NUMBER _____	PRE-CONVENTION CONTACT EMAIL _____	
TOTAL # OF REGISTRANTS _____	# OF YEARS PARTICIPATING _____	ASSOCIATE MEMBER LEVEL <i>(if applicable)</i> _____

STEP 2: SUITE SELECTION AND CHECK-IN/CHECK-OUT DATES

- See Traditional Suite Layouts for Suite options.
- Suite holders must also register their attendees. This can be done online or by completing STEP 10 of this form. Suites will not be assigned to companies who do not have attendees registered for the convention.

BED REMOVAL

(In connecting room only)

FIRST CHOICE TRADITIONAL SUITE TYPE _____	# OF BEDROOMS CONNECTED* <i>(if applicable)</i> _____	RATE PER NIGHT _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SECOND CHOICE TRADITIONAL SUITE TYPE _____	# OF BEDROOMS CONNECTED* <i>(if applicable)</i> _____	RATE PER NIGHT _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
THIRD CHOICE TRADITIONAL SUITE TYPE _____	# OF BEDROOMS CONNECTED* <i>(if applicable)</i> _____	RATE PER NIGHT _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

* Connecting Bedrooms refers to **additional** sleeping rooms that connect to the main suite, **not** bedrooms that are **included** in the suite layout.

Suite Holder Company Name: _____

STEP 2: SUITE SELECTION AND CHECK-IN/CHECK-OUT DATES *(Continued)*

All Traditional Suites must be open no later than 12:00 pm on Monday, April 1. The default hotel check-out date is Thursday, April 3. Early departure fees apply. **PLEASE NOTE: Suite check-in is 4:00 pm on the day of arrival and check-out is 11:00 am on the day of departure. Early check-in cannot be guaranteed. Please plan set-up and tear down time accordingly.**

Arrival Day/Date: Saturday, March 30 **OR** Sunday, March 31 **OR** Monday, April 1 *(opening day)* Approx Arrival Time: _____
Departure Day/Date: Thursday, April 4

WILL THE BEDROOM(S) IN THE SUITE BE USED AS A SLEEPING ROOM(S)? Yes *(provide primary occupant information below)* No

FIRST / LAST NAME _____ PHONE NUMBER _____ EMAIL _____

If requesting additional connecting rooms, **OR** rooms that must be nearby your suite, please complete the information below. Be certain to indicate who will be staying in each of the connecting bedrooms, and provide arrival and departure dates.

ROOM 1: Connecting Room *(if available)* Nearby Room

PRIMARY OCCUPANT FIRST / LAST NAME _____ PHONE NUMBER _____ EMAIL _____

Arrival Day and Date: _____ Departure Day and Date: _____

ROOM 2: Connecting Room *(if available)* Nearby Room

PRIMARY OCCUPANT FIRST / LAST NAME _____ PHONE NUMBER _____ EMAIL _____

Arrival Day and Date: _____ Departure Day and Date: _____

STEP 3: TRADITIONAL SUITE DEPOSIT

PLEASE INDICATE PAYMENT METHOD*:

** a 3% processing fee will be added to all credit card transactions*

A CHECK IN THE AMOUNT OF \$ _____, IS ENCLOSED.
MAKE CHECK PAYABLE TO GRANDE LAKES ORLANDO

CHARGE \$ _____ TO MY

VISA MASTERCARD AMERICAN EXPRESS DISCOVER

CHECK HERE IF CREDIT CARD BILLING ADDRESS IS SAME AS MAILING ADDRESS PROVIDED IN STEP 1.

CREDIT CARD # _____ EXPIRATION DATE _____ CIV NUMBER _____

CARDHOLDERS NAME _____ ADDRESS ASSOCIATED WITH CREDIT CARD _____

CARDHOLDERS SIGNATURE _____ CITY / STATE / ZIP / COUNTRY _____

Credit cards cannot be processed without the necessary credit information and signature. **WSWA will forward your credit card information to the hotel once your suite has been assigned.**

NOTE: The hotel deposit check MUST BE separate from the registration payment.

Grande Lakes Orlando requires that hotel rooms be guaranteed by either credit card or check.

SUITE ASSIGNMENT CRITERIA

Suite notifications will be sent mid-February 2019. Exhibit and Suite Service Manual will be posted to www.wswaconvention.org December 2018

SUITES WILL BE ASSIGNED BY THE TRADITIONAL SUITE COMMITTEE BASED ON THE FOLLOWING CRITERIA:

- The number of personnel the company registers to attend the WSWA Convention.
- Associate Membership status.
- Number of sleeping rooms requested at the official WSWA hotel(s).
- Number of years company has participated in WSWA Convention.
- Suite assignments the company has received at past WSWA Conventions.
- Date of receipt of company's suite request - all suite requests and company affiliated registrations must be received no later than January 9, 2019.

STEP 4: I HAVE READ AND UNDERSTAND THE SUITE ASSIGNMENT CRITERIA SET FORTH ABOVE AND SUITE ASSIGNMENT CRITERIA SET FORTH ON THIS FORM

Signature: _____ Date: _____

FOR OFFICE USE ONLY

REG ID #: _____ DATE REC'D: _____ CHECK #: _____ **WRITTEN CANCELLATION:** DATE REC'D: _____ CHECK #: _____ AMNT RTRND: _____

Suite Holder Company Name: _____

STEP 5: COMPANY INFORMATION

Please indicate product or service provided by your company:

Wine Spirits Non-Alcohol Products Services Other _____

Please list general (25-30 words) category/company description for committee assignment purpose.
(This will **not** be used for published company description):

PUBLISHED COMPANY INFORMATION:

You will receive an email toward the middle of February with instructions to access your company's on-line profile. Be certain to log-in and input your product categories and company description. The information provided will be published in our digital and printed materials. WSWA will not modify entries, so care should be given to spelling and grammar.

NEW BRANDS:

CHECK HERE IF YOU ARE INTRODUCING A NEW BRAND*

Please provide below a general description (20-30 word max) of your new brand. You will need to update your online profile with a detailed description. This information will be published in the NEW BRANDS section of our digital and printed materials. (This will **not** be used for published new brands description):

***A new brand is defined as a brand or product that is either new to the U.S. market place, or was launched after April 15, 2018.**

STEP 6: ATTENDEE REGISTRATION FEES

Registration* Please select fee(s)

Fees are per person and **DO NOT** include hotel rooms.

	Early Bird Registration Rec'd by December 21	Registration Rec'd between Dec 22 - Feb 1	Registration Rec'd after February 1
Associate (Staying at Grande Lakes Orlando)	<input type="checkbox"/> \$1,075	<input type="checkbox"/> \$1,225	<input type="checkbox"/> \$1,375
Associate (NOT staying at Grande Lakes Orlando)	<input type="checkbox"/> \$1,325	<input type="checkbox"/> \$1,475	<input type="checkbox"/> \$1,625
Associate Spouse	<input type="checkbox"/> Complimentary	<input type="checkbox"/> Complimentary	<input type="checkbox"/> Complimentary
Non-Member (Staying at Grande Lakes Orlando)	<input type="checkbox"/> \$1,175	<input type="checkbox"/> \$1,325	<input type="checkbox"/> \$1,475
Non-Member Spouse (Staying at Grande Lakes Orlando)	<input type="checkbox"/> \$670	<input type="checkbox"/> \$695	<input type="checkbox"/> \$720
Non-Member (NOT staying at Grande Lakes Orlando)	<input type="checkbox"/> \$1,425	<input type="checkbox"/> \$1,575	<input type="checkbox"/> \$1,725
Non-Member Spouse (NOT staying at Grande Lakes Orlando)	<input type="checkbox"/> \$875	<input type="checkbox"/> \$900	<input type="checkbox"/> \$925

* \$30 of your registration fee goes to the WSWA Educational Foundation to help fund college scholarships.

STEP 7: SPONSORSHIP OPPORTUNITY

- I am interested in becoming a sponsor of the WSWA Convention & Exposition. Please send me information.
 I am not interested in sponsoring this year.

STEP 8: TASTE OF THE INDUSTRY

SAVE MONEY BY RESERVING YOUR TASTE OF THE INDUSTRY TABLE AT THE SAME TIME AS YOUR SUITE.

Taste of the Industry Table Fees

	Early Bird Registration Rec'd by December 21	Registration Rec'd between Dec 22 - Feb 1	Registration Rec'd after February 1
Taste of the Industry Table Exhibitor, Suite Holder, WSWA Associate Members	<input type="checkbox"/> \$575	<input type="checkbox"/> \$675	<input type="checkbox"/> \$800
Complimentary Taste of the Industry Table benefit of 2019 Diamond, Platinum or Gold Associate Membership	<input type="checkbox"/> Complimentary	<input type="checkbox"/> Complimentary	<input type="checkbox"/> Complimentary
Model Badge (Limit two per table)	<input type="checkbox"/> \$100	<input type="checkbox"/> \$100	<input type="checkbox"/> \$100
CMT Model Promotional Rate* (Limit two per table)	<input type="checkbox"/> Complimentary	<input type="checkbox"/> Complimentary	<input type="checkbox"/> Complimentary

* Must be able to verify models were hired through CMT Model Agency.

Suite Holder Company Name: _____

STEP 9: PAYMENT FOR REGISTERED ATTENDEES AND TASTE OF THE INDUSTRY

ITEM	TOTAL #	FEE per Item	TOTAL
Registered Attendees	_____	_____	_____
Taste of the Industry Tables	_____	_____	_____
Models	_____	_____	_____
TOTAL AMOUNT DUE TO WSWA:			_____

PLEASE INDICATE PAYMENT METHOD:

Payment must be received in full within two weeks of receipt of invoice. Note that a 3% processing fee will be added to all credit card transactions.

- A CHECK FOR ATTENDEE REGISTRATIONS AND TASTE OF THE INDUSTRY TABLES IN THE AMOUNT OF \$ _____, MADE PAYABLE TO WSWA, IS ENCLOSED.
 WSWA IS AUTHORIZED TO CHARGE \$ _____ TO MY VISA MASTERCARD AMERICAN EXPRESS DISCOVER
 CHECK HERE IF BILLING ADDRESS IS SAME AS IN STEP 3

CREDIT CARD # _____

EXPIRATION DATE _____

CIV NUMBER _____

CARDHOLDERS NAME _____

ADDRESS ASSOCIATED WITH CREDIT CARD _____

CITY / STATE / ZIP / COUNTRY _____

CARDHOLDERS SIGNATURE _____

STEP 10: ENTER TRADITIONAL SUITE PERSONNEL

TRADITIONAL SUITE PERSONNEL #1 REGISTRATION & HOTEL

Your personnel can be registered and hotel room reservations made by completing the information below, or alternatively at wswaconvention.org. **Personnel #1 will be listed in all digital and printed materials as the main point of contact.**

FIRST NAME _____

LAST NAME _____

NICKNAME (for badge) _____

COMPANY _____

JOB TITLE _____

OFFICE MAILING ADDRESS _____

CITY / STATE / ZIP / COUNTRY _____

EMAIL (required to receive registration confirmation) _____

WORK PHONE _____

CELL PHONE _____

SPOUSE FIRST NAME (if attending) _____

SPOUSE LAST NAME _____

SPOUSE NICKNAME (for badge) _____

EMERGENCY CONTACT NAME _____

PHONE NUMBER _____

I DO NOT REQUIRE A HOTEL ROOM

- I am local I am staying off-site*
 I will be sleeping in the Traditional Suite

* If you are staying at a hotel other than Grande Lakes Orlando, you will be charged the off-site registration fee.

I REQUIRE A HOTEL ROOM AT GRANDE LAKES ORLANDO

HOTEL ROOM PREFERENCE:

- JW Marriott: \$299 (plus 12.5% tax)
 The Ritz-Carlton: \$369 (plus 12.5% tax)

BED PREFERENCE:** King Queen/Queen

** Bedding preferences can be requested; but cannot be guaranteed.

OF PEOPLE IN ROOM _____

SHARING ROOM WITH _____

ARRIVAL DAY AND DATE _____

DEPARTURE DAY AND DATE _____

ADA SPECIAL REQUESTS: AUDIO VISUAL MOBILE

HOTEL ROOM DEPOSIT:

JW Marriott: \$336.38 (equivalent to 1st night's stay plus tax)**

The Ritz-Carlton: \$415.13 (equivalent to 1st night's stay plus tax)**

- CHARGE SAME CARD AS THE TRADITIONAL SUITE RESERVATION
 VISA MASTERCARD AMERICAN EXPRESS DISCOVER

CREDIT CARD # _____

EXPIRATION DATE _____

CIV _____

CARDHOLDERS NAME _____

SIGNATURE _____

A CHECK IN THE AMOUNT OF \$ _____,

MADE PAYABLE TO GRANDE LAKES ORLANDO IS ENCLOSED.

NOTE: The hotel deposit check MUST BE separate from the registration payment.

** Grande Lakes Orlando requires that hotel rooms be guaranteed by either credit card or check.

Suite Holder Company Name: _____

You may use multiple copies of this page for additional Personnel Registration and Hotel Reservations.

ADDITIONAL TRADITIONAL SUITE PERSONNEL REGISTRATION & HOTEL

FIRST NAME _____	LAST NAME _____	NICKNAME (for badge) _____
COMPANY _____		JOB TITLE _____
OFFICE MAILING ADDRESS _____		CITY / STATE / ZIP / COUNTRY _____
EMAIL (required to receive registration confirmation) _____	WORK PHONE _____	CELL PHONE _____
SPOUSE FIRST NAME (if attending) _____	SPOUSE LAST NAME _____	SPOUSE NICKNAME (for badge) _____
EMERGENCY CONTACT NAME _____		PHONE NUMBER _____

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OF PEOPLE IN ROOM _____ SHARING ROOM WITH _____

ARRIVAL DAY AND DATE _____ DEPARTURE DAY AND DATE _____

ADA SPECIAL REQUESTS: AUDIO VISUAL MOBILE

HOTEL ROOM DEPOSIT:

JW Marriott: \$336.38 (equivalent to 1st night's stay plus tax)**

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- CHARGE SAME CARD AS THE TRADITIONAL SUITE RESERVATION
 VISA MASTERCARD AMERICAN EXPRESS DISCOVER

CREDIT CARD # _____ EXPIRATION DATE _____ CIV _____

CARDHOLDERS NAME _____ SIGNATURE _____

- A CHECK IN THE AMOUNT OF \$ _____

MADE PAYABLE TO GRANDE LAKES ORLANDO IS ENCLOSED.

NOTE: The hotel deposit check MUST BE separate from the registration payment.

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ADDITIONAL TRADITIONAL SUITE PERSONNEL REGISTRATION & HOTEL

FIRST NAME _____	LAST NAME _____	NICKNAME (for badge) _____
COMPANY _____		JOB TITLE _____
OFFICE MAILING ADDRESS _____		CITY / STATE / ZIP / COUNTRY _____
EMAIL (required to receive registration confirmation) _____	WORK PHONE _____	CELL PHONE _____
SPOUSE FIRST NAME (if attending) _____	SPOUSE LAST NAME _____	SPOUSE NICKNAME (for badge) _____
EMERGENCY CONTACT NAME _____		PHONE NUMBER _____

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- I am local I am staying off-site*
 I will be sleeping in the Traditional Suite

* If you are staying at a hotel other than Grande Lakes Orlando, you will be charged the off-site registration fee.

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BED PREFERENCE:** King Queen/Queen

** Bedding preferences can be requested; but cannot be guaranteed.

OF PEOPLE IN ROOM _____ SHARING ROOM WITH _____

ARRIVAL DAY AND DATE _____ DEPARTURE DAY AND DATE _____

ADA SPECIAL REQUESTS: AUDIO VISUAL MOBILE

HOTEL ROOM DEPOSIT:

JW Marriott: \$336.38 (equivalent to 1st night's stay plus tax)**

The Ritz-Carlton: \$415.13 (equivalent to 1st night's stay plus tax)**

- CHARGE SAME CARD AS THE TRADITIONAL SUITE RESERVATION
 VISA MASTERCARD AMERICAN EXPRESS DISCOVER

CREDIT CARD # _____ EXPIRATION DATE _____ CIV _____

CARDHOLDERS NAME _____ SIGNATURE _____

- A CHECK IN THE AMOUNT OF \$ _____

MADE PAYABLE TO GRANDE LAKES ORLANDO IS ENCLOSED.

NOTE: The hotel deposit check MUST BE separate from the registration payment.

** Grande Lakes Orlando requires that hotel rooms be guaranteed by either credit card or check.

TRADITIONAL SUITE REGISTRANT TERMS AND CONDITIONS

REGISTRATION

- **Your Registration payment must accompany this form if you completed the attendee registration sections.**
- **All Registrants must be at least 21 years of age to attend.**
- Type or clearly print all information requested.
- Name and company will appear on badge as indicated on this form.
- Individuals registering certify that they are employees of the company indicated.
- Convention registration fees **do not** include hotel room, or room deposits.
- All Traditional Suites must have at least one attendee registered.

CANCELLATION AND REFUNDS

- All requests to cancel or substitute Convention registrants must be in writing to the Meetings and Conventions Department. Requests should be emailed to registrations@wswa.org
- Substitution of registrants will be made at **no charge**.
- A **100% refund**, less a \$50 processing fee, will be available for Convention registration cancellations received **by December 21, 2018**.
- A **50% refund** will be available for Convention registration cancellations received **December 22, 2018 through February 1, 2019**.
- Convention registration fees will be **forfeited** for cancellations received **after February 1, 2019**.
- Refunds will be processed within 14 business days of receipt of cancellation to the original form of payment.

HOTEL GENERAL INFORMATION

- All sleeping room reservation requests are **subject to availability**.
- All requests for sleeping room reservations must be received at the WSWA office **by February 1, 2018**. Room requests received after that date will be honored on a space and rate available basis.
- All rates are subject to state and local taxes and hotel occupancy taxes.
- One night's room deposit must be made by credit card or check, made payable to Grande Lakes Orlando, for the first night's stay plus tax.

IMPORTANT TO NOTE:

Hotel confirmations will be sent from groupcampaigns@pkghlrs.com
We suggest you add this email address to your safe senders list to prevent your hotel confirmation from going into spam.

QUESTIONS

CALL: 202-371-5682
EMAIL: registrations@wswa.org
WEBSITE: www.wswaconvention.org

TRADITIONAL SUITE CANCELLATIONS

- All cancellations must be made in writing to registrations@wswa.org
- Suites may be canceled at no charge up to **February 1, 2019**.
- Cancellation of suites between **February 2, 2019 and March 24, 2019** will result in loss of 1st night room deposit.
- Cancellations made after **March 24, 2019** will result in loss of 100% of the cost of the suite.

WSWA's Federal Employer I.D. # is 43-0590389

HOTEL ROOM RESERVATION CHANGES

- Once you have received your hotel confirmation number, Hotel **reservation changes** must be made by emailing:
Kathy Lebron-Diaz
Group Accounts Manager
Grande Lakes Orlando
The Ritz-Carlton, Orlando & JW Marriott, Orlando
Kathy.Lebron-Diaz@marriott.com
- WSWA will not process hotel **reservation changes**.
- Hotel reservation changes may also be made via the link provided in your Grande Lakes Orlando hotel confirmation.
- **Cancellations** must be made at least 7 days prior to arrival to receive refund of first night's room deposit.
 - **Hotel cancellations must be made through WSWA** in writing to registrations@wswa.org. Grande Lakes Orlando cannot process hotel reservation cancellations.

DEADLINES

DECEMBER 21, 2018

- Last day for receipt of Early Bird registration.
- Last day to cancel and receive a 100% refund less a \$50 processing fee for attendee reservations.

FEBRUARY 1, 2019

- Last day for receipt of housing reservation requests. Requests received after this date will be accommodated on a space and rate available basis.
- Last day for receipt of general reservations.
- Last day for receipt of convention registration cancellations with 50% refund.
- After this date, all payments for cancelled registrations will be forfeited.
- Last day to cancel Traditional Suite for full refund.

LAST DAY: MARCH 24, 2019

- Last day to cancel Traditional Suite with only 1st night room deposit loss.
- All Traditional Suites canceled after this date will be responsible for full suite payment.

STEP 15: I HAVE READ AND AGREE TO THE TERMS AND CONDITIONS SET FORTH ON THIS FORM

Signature: _____ Date: _____