

# EXHIBIT BOOTH REQUEST & PERSONNEL REGISTRATION & HOTEL FORM

WSWA 76<sup>TH</sup> 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](mailto:registrations@wswa.org). If returning by mail, please type, print clearly or attach a business card.

## DIRECTIONS AND IMPORTANT INFORMATION

1. To request an exhibit booth, Taste of the Industry table, and register and request a hotel room, complete all appropriate portions of this form.
2. Complete this form for all personnel who will be in attendance at the Convention and/or working in the exhibit booth.
3. Payment for requested booth space must be received within 2 weeks of submission of the Exhibit Booth Request Form. An invoice will not be provided, but can be requested by contacting Kari Langerman, [kari@wswa.org](mailto:kari@wswa.org). WSWA may release your requested booth space if payment is not received within two weeks of receipt of your form.
4. The exhibiting company must agree to the Terms and Conditions detailed on this form by signing the bottom of page 2 where indicated.
5. The exhibiting company must also review, sign and return the Exhibitor Terms and Agreement which is posted to [wswaconvention.org](http://wswaconvention.org) (exhibitor tab) and in the Freeman Exhibitor Manual. Booth assignments will not be confirmed until the signed Exhibitor Terms and Agreement has been received by WSWA.
6. Only persons registered as an exhibitor or a model may work at an exhibit booth or in the exhibit hall(s). Attendees with a spouse badge may not work at a booth or in the exhibit hall(s).

7. The "swapping out" or duplication of badges is expressly prohibited. WSWA retains the right to confiscate badges and or deny access to the exhibit hall(s) and convention events, for any length of time WSWA, in its sole discretion, deems appropriate. No refunds for registrations or exhibit booth fees will be issued under the enforcement of this policy.
8. Exhibiting companies must open their exhibit booth on time and staff the booth at all times during the exhibit hours.
9. Models are not provided by WSWA. Model badges allow access to the Exhibit Hall(s) and the Taste of the Industry **only**. Two models are allowed for each 10'x10' booth. Models must be at least 21 years of age.
10. **Incomplete registration forms cannot be processed.**

## 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](mailto:registrations@wswa.org)

## STEP 1: EXHIBIT BOOTH CONTACTS & INFORMATION

Please provide a main contact, a planning contact and an on-site contact\*. The name of the main contact must be a person who will be registered to attend the WSWA Convention & Exposition.

\*If the contact information is the same for any of these categories, please check the box provided under each header.

COMPANY NAME \_\_\_\_\_ OFFICE TELEPHONE \_\_\_\_\_  
OFFICE MAILING ADDRESS \_\_\_\_\_ CITY / STATE / ZIP / COUNTRY \_\_\_\_\_

### MAIN POINT OF CONTACT

This person will be listed online and in printed materials as the main contact for the exhibit booth.

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_ JOB TITLE \_\_\_\_\_  
COMPANY \_\_\_\_\_ PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

### PLANNING CONTACT

Check here if this person is the same as the main contact

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_ JOB TITLE \_\_\_\_\_  
COMPANY \_\_\_\_\_ PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

### ON-SITE CONTACT

Please list the person we can contact, if needed, while at the Convention.

Check here if this person is the same at the  Main Contact or  Planning Contact

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_ JOB TITLE \_\_\_\_\_  
COMPANY \_\_\_\_\_ CELLPHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

Exhibiting Company Name & Booth Number (if already confirmed): \_\_\_\_\_

## STEP 2: BOOTH SELECTION & FEES

Please see exhibit hall diagram for booth numbers and availability. (Current floorplan can be found at [www.wswaconvention.org](http://www.wswaconvention.org))

Booth # requested:    1st choice: \_\_\_\_\_    2nd choice: \_\_\_\_\_    3rd choice: \_\_\_\_\_

REQUEST EXHIBITOR / BRANDS / OR CATEGORIES TO BE NEXT TO \_\_\_\_\_

REQUEST EXHIBITORS / BRANDS / CATEGORIES **NOT** TO BE NEXT TO \_\_\_\_\_

EXHIBIT BOOTH TYPES	Early Bird Registration Rec'd by December 21	Registration Rec'd between Dec 22 - Feb 1	Registration Rec'd after February 1
<b>10' x 10' Booth</b> <i>Includes 2 full Convention registrations*</i>			
WSWA Associate Members	<input type="checkbox"/> \$2,800	<input type="checkbox"/> \$2,900	<input type="checkbox"/> \$3,200
Non-Member	<input type="checkbox"/> \$3,200	<input type="checkbox"/> \$3,350	<input type="checkbox"/> \$3,600
<b>10' x 20' Booth</b> <i>Includes 4 full Convention registrations*</i>			
WSWA Associate Members	<input type="checkbox"/> \$5,350	<input type="checkbox"/> \$5,600	<input type="checkbox"/> \$6,150
Non-Member	<input type="checkbox"/> \$6,150	<input type="checkbox"/> \$6,450	<input type="checkbox"/> \$6,950
<b>10' x 30' Booth</b> <i>Includes 6 full Convention registrations*</i>			
WSWA Associate Members	<input type="checkbox"/> \$8,000	<input type="checkbox"/> \$8,200	<input type="checkbox"/> \$9,150
Non-Member	<input type="checkbox"/> \$9,175	<input type="checkbox"/> \$9,450	<input type="checkbox"/> \$10,300
<b>20' x 20' Island Booth or 10' x 40' Linear</b> <i>Includes 8 full Convention registrations*</i>			
WSWA Associate Members	<input type="checkbox"/> \$10,650	<input type="checkbox"/> \$10,850	<input type="checkbox"/> \$11,900
Non-Member	<input type="checkbox"/> \$12,200	<input type="checkbox"/> \$12,550	<input type="checkbox"/> \$13,550
<b>NOTE:</b> if you require booths to be removed to create an island, the above booth rates still apply.			
<b>Premium Booth Location**</b>	<input type="checkbox"/> \$350	<input type="checkbox"/> \$350	<input type="checkbox"/> \$350

\*Please complete the Exhibitor Registration & Housing sections in this form as many times as necessary to register all exhibitor personnel for your booth.

\*\*Please see interactive exhibit hall floor plans for premium booth locations. Each premium space will be charged an additional fee.

**NOTE:** Additional spaces beyond a 20'x20' can be sold in 10'x10' increments. Please contact Kari Langerman, [kari@wswa.org](mailto:kari@wswa.org), for more information.

## STEP 3: ADDITIONAL EXHIBITOR & MODEL BADGE REGISTRATION & FEES

	Early Bird Registration Rec'd by December 21	Registration Rec'd between Dec 22 - Feb 1	Registration Rec'd after February 1
<b>Additional Exhibitor Badge</b>			
WSWA Associate Members	<input type="checkbox"/> \$500	<input type="checkbox"/> \$525	<input type="checkbox"/> \$550
Non-Member	<input type="checkbox"/> \$575	<input type="checkbox"/> \$625	<input type="checkbox"/> \$675
<b>Spouse</b>	<input type="checkbox"/> \$575	<input type="checkbox"/> \$625	<input type="checkbox"/> \$675
<b>Model</b> <i>Limit 2 per 10' x 10' booth</i>	<input type="checkbox"/> \$250	<input type="checkbox"/> \$250	<input type="checkbox"/> \$250
<b>CMT Agency Model Promotional Rate*</b> <i>Limit 2 per 10' x 10' Booth</i>	<input type="checkbox"/> Comp	<input type="checkbox"/> Comp	<input type="checkbox"/> Comp

\*Must be able to verify that models are hired through CMT Agency.

## STEP 4: TASTE OF THE INDUSTRY TABLE RESERVATION & FEES *(Fees listed are per table reserved.)*

**SAVE MONEY BY RESERVING YOUR TASTE OF THE INDUSTRY TABLE AT THE SAME TIME YOU RESERVE YOUR EXHIBIT BOOTH.**

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

## STEP 5: SPONSORSHIP OPPORTUNITY

I am interested in learning more about Sponsorship Opportunities to increase my visibility.

I am not interested in sponsoring this year.

## STEP 6: I HAVE READ AND AGREE TO THE TERMS AND CONDITIONS SET FORTH ON THIS FORM

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Exhibiting Company Name & Booth Number (if already confirmed): \_\_\_\_\_

## STEP 7: FEE CALCULATOR & PAYMENT METHOD

ITEM	QTY/SIZE	FEE (per Item)	TOTAL
Exhibit Booth	_____	_____	_____
Premium Space	_____	_____	_____
Exhibitors included w/booth	_____	\$0	\$0
Additional Exhibitors	_____	_____	_____
Spouses	_____	_____	_____
Taste of the Industry Table(s)	_____	_____	_____
Models	_____	_____	_____
		\$0	\$0
<b>TOTAL AMOUNT:</b>			\$ _____

### PLEASE INDICATE PAYMENT METHOD\*:

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

- WILL PAY BY WIRE TRANSFER
- A CHECK 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 CREDIT CARD BILLING ADDRESS IS SAME AS PROVIDED IN STEP 1

\_\_\_\_\_  
CREDIT CARD #    EXPIRATION DATE                          CIV NUMBER

\_\_\_\_\_  
CARDHOLDERS NAME    ADDRESS ASSOCIATED WITH CREDIT CARD

\_\_\_\_\_  
CARDHOLDERS SIGNATURE    CITY / STATE / ZIP

### FOREIGN REGISTRANTS AND BANK TRANSFERS:

#### Send bank transfers to:

Bank of America  
10440 Main Street  
Fairfax, VA 22030

**Routing No.:** 026009593

**Swift Code:** BOFAUS3N (International Wires)

**Attn: WSWA Account No.:** 001924342720

**NOTE: Initiating bank is responsible  
for all fees.**

Send a copy of your bank transfer to WSWA along  
with your Convention Registration Form.

## STEP 8: EXHIBIT BOOTH INFORMATION

OFFICIAL EXHIBITOR NAME - MAXIMUM OF 25 CHARACTERS. **NOTE:** *This is how your company will be listed online, in all materials, and in the convention app.*

Please indicate product or service provided by your company:

- Wine     Spirits     Beer     Non-Alcohol Products or Services     Other: \_\_\_\_\_

Please list general company description (25-30 words) for internal purposes. This will not be used for published company description.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PUBLISHED COMPANY INFORMATION:

Once your booth has been assigned and payment has been received in full, you will receive an email with a link and login information to your online profile. Be sure to login and update your profile, add your full company description, and your product categories. This information will be published in our printed and digital materials.

### NEW BRANDS:

- CHECK HERE IF YOU ARE INTRODUCING A NEW BRAND\*

Please provide below a general description (20-30 words max) of your new brand. New brands will be highlighted in the NEW BRANDS section of the WSWA Convention & Exposition Buyers Guide and in our convention mobile app. You will update your online profile with a detailed description. (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.

PLEASE PROCEED TO STEP 9 TO REGISTER YOUR EXHIBIT PERSONNEL

Exhibiting Company Name & Booth Number (if already confirmed): \_\_\_\_\_

## STEP 9: EXHIBITOR PERSONNEL REGISTRATION & HOTEL

### EXHIBITOR #1

**NOTE:** This should be the Main Contact provided in Step 1. This person will be listed as the Exhibiting Company's main contact in digital and print materials.

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_ NICKNAME (for badge) \_\_\_\_\_  
COMPANY \_\_\_\_\_ JOB TITLE \_\_\_\_\_  
OFFICE MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE / ZIP / COUNTRY \_\_\_\_\_  
TELEPHONE \_\_\_\_\_ EMAIL ADDRESS (required to receive registration confirmation) \_\_\_\_\_  
EMERGENCY CONTACT NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

I DO NOT REQUIRE A HOTEL ROOM

I am local  I am staying off-site

I REQUIRE A HOTEL ROOM

**HOTEL ROOM PREFERENCE:**

Renaissance Seaworld: \$199 (plus 12.5% tax)  
 Residence Inn Seaworld: \$159 (plus 12.5% tax)

*Overflow Property (Complimentary Shuttle service will be provided).*

**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:** (equivalent to 1st night's stay plus tax)\*\*

**Renaissance Seaworld: \$223.88**

**Residence Inn Seaworld: \$178.89**

VISA  MASTERCARD  AMERICAN EXPRESS  DISCOVER

CREDIT CARD # \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_ CIV \_\_\_\_\_

CARDHOLDERS NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

A CHECK IN THE AMOUNT OF \$ \_\_\_\_\_.

**MADE PAYABLE TO RENAISSANCE ORLANDO AT SEAWORLD OR RESIDENCE INN ORLANDO AT SEAWORLD IS ENCLOSED.**

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

\*\* Both Renaissance Orlando at Seaworld and Residence Inn Orlando at Seaworld require that hotel rooms be guaranteed by either credit card or check.

### EXHIBITOR #2

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_ NICKNAME (for badge) \_\_\_\_\_  
COMPANY \_\_\_\_\_ JOB TITLE \_\_\_\_\_  
OFFICE MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE / ZIP / COUNTRY \_\_\_\_\_  
TELEPHONE \_\_\_\_\_ EMAIL ADDRESS (required to receive registration confirmation) \_\_\_\_\_  
EMERGENCY CONTACT NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

I DO NOT REQUIRE A HOTEL ROOM

I am local  I am staying off-site

I REQUIRE A HOTEL ROOM

**HOTEL ROOM PREFERENCE:**

Renaissance Seaworld: \$199 (plus 12.5% tax)  
 Residence Inn Seaworld: \$159 (plus 12.5% tax)

*Overflow Property (Complimentary Shuttle service will be provided).*

**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:** (equivalent to 1st night's stay plus tax)\*\*

**Renaissance Seaworld: \$223.88**

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VISA  MASTERCARD  AMERICAN EXPRESS  DISCOVER

CREDIT CARD # \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_ CIV \_\_\_\_\_

CARDHOLDERS NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

A CHECK IN THE AMOUNT OF \$ \_\_\_\_\_.

**MADE PAYABLE TO RENAISSANCE ORLANDO AT SEAWORLD OR RESIDENCE INN ORLANDO AT SEAWORLD IS ENCLOSED.**

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

\*\* Both Renaissance Orlando at Seaworld and Residence Inn Orlando at Seaworld require that hotel rooms be guaranteed by either credit card or check.

Exhibiting Company Name and Booth Number (if already confirmed) \_\_\_\_\_

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

## ADDITIONAL EXHIBITOR

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_ NICKNAME (for badge) \_\_\_\_\_  
COMPANY \_\_\_\_\_ JOB TITLE \_\_\_\_\_  
OFFICE MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE / ZIP / COUNTRY \_\_\_\_\_  
TELEPHONE \_\_\_\_\_ EMAIL ADDRESS (required to receive registration confirmation) \_\_\_\_\_  
EMERGENCY CONTACT NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

### I DO NOT REQUIRE A HOTEL ROOM

I am local  I am staying off-site

### I REQUIRE A HOTEL ROOM

#### HOTEL ROOM PREFERENCE:

Renaissance Seaworld: \$199 (plus 12.5% tax)  
 Residence Inn Seaworld: \$159 (plus 12.5% tax)

Overflow Property (Complimentary Shuttle service will be provided).

#### 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: (equivalent to 1st night's stay plus tax)\*\*

Renaissance Seaworld: \$223.88

Residence Inn Seaworld: \$178.89

VISA  MASTERCARD  AMERICAN EXPRESS  DISCOVER

CREDIT CARD # \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_ CIV \_\_\_\_\_

CARDHOLDERS NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

A CHECK IN THE AMOUNT OF \$ \_\_\_\_\_

**MADE PAYABLE TO RENAISSANCE ORLANDO AT SEAWORLD OR RESIDENCE INN ORLANDO AT SEAWORLD IS ENCLOSED.**

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

\*\* Both Renaissance Orlando at Seaworld and Residence Inn Orlando at Seaworld require that hotel rooms be guaranteed by either credit card or check.

## ADDITIONAL EXHIBITOR

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_ NICKNAME (for badge) \_\_\_\_\_  
COMPANY \_\_\_\_\_ JOB TITLE \_\_\_\_\_  
OFFICE MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE / ZIP / COUNTRY \_\_\_\_\_  
TELEPHONE \_\_\_\_\_ EMAIL ADDRESS (required to receive registration confirmation) \_\_\_\_\_  
EMERGENCY CONTACT NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

### I DO NOT REQUIRE A HOTEL ROOM

I am local  I am staying off-site

### I REQUIRE A HOTEL ROOM

#### HOTEL ROOM PREFERENCE:

Renaissance Seaworld: \$199 (plus 12.5% tax)  
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Overflow Property (Complimentary Shuttle service will be provided).

#### 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: (equivalent to 1st night's stay plus tax)\*\*

Renaissance Seaworld: \$223.88

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VISA  MASTERCARD  AMERICAN EXPRESS  DISCOVER

CREDIT CARD # \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_ CIV \_\_\_\_\_

CARDHOLDERS NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

A CHECK IN THE AMOUNT OF \$ \_\_\_\_\_

**MADE PAYABLE TO RENAISSANCE ORLANDO AT SEAWORLD OR RESIDENCE INN ORLANDO AT SEAWORLD IS ENCLOSED.**

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

\*\* Both Renaissance Orlando at Seaworld and Residence Inn Orlando at Seaworld require that hotel rooms be guaranteed by either credit card or check.

# EXHIBITOR TERMS AND CONDITIONS

## EXHIBIT AND REGISTRATION

- **You Exhibit Booth/Registration Fee must either accompany this form, or if paying by check or wire transfer, be received within 2 weeks of form submission.**
- **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.
- Registration fee **does not** include hotel room charges.
- "Swapping out" of Exhibitor badges is expressly prohibited. WSWA retains the right to confiscate badges and/or deny access to the exhibit hall and convention events for any length of time WSWA, in its sole discretion, deems appropriate. No refunds for registrations or exhibit booth fees will be issued under the enforcement of this policy.
- In order for an exhibit booth to be confirmed, WSWA must receive a signed copy of the Exhibitor Terms and Agreement which can be found at [wswaconvention.org](http://wswaconvention.org). The signed copy can be sent by email, fax or mailed to the WSWA Conventions Department not later than Friday, February 1, 2019.
- Exhibitor must remain with the booth during tear-down, until the booth is packed up and contents are labeled. WSWA, Freeman, and Hotel are not responsible for lost or stolen items.

## CANCELLATION AND REFUNDS

- Any requests to cancel or substitute an Exhibit Booth/Registration must be made in writing to the Meetings & Conventions Department. Requests should be sent to:  
  
WSWA Meetings & Conventions Department  
805 15th Street, NW, Suite 1120, Washington, DC 20005  
**OR** by email to [registrations@wswa.org](mailto:registrations@wswa.org)
- Substitution of registrants will be made at **no charge**.
- A **100% refund**, less the \$50 processing fee, will be available for Exhibit Booth or Convention registration cancellations received **by December 21, 2018**.
- A **50% refund** will be available for Exhibit Booth or Convention Registration cancellations received **December 22, 2018 through February 1, 2019**.
- An Exhibit Booth/Registration(s) fees will be forfeited if a cancellation is received after **February 1, 2019**.
- Refunds will be processed in 5 business days in the original form of payment.

## 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.

### 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 February 1, there will be no refunds.

## MODELS

- **WSWA does not supply models for exhibitors.**
- **If you plan to use models, you must:**
  1. Arrange for the models yourself
  2. Register all models (see fees above).

- Exhibiting companies are allowed to hire a maximum of 2 models per 10' x 10' booth purchased.
- A model is defined as a person who is not an employee of the exhibitor and is hired to assist the exhibitor in promoting the company, product and/or service in the Exhibit Halls or the

Taste of the Industry event.

- Model badges are for models only and cannot be swapped at any time with employees or spouses. Failure to comply with this restriction may result in the confiscation of model badges for the duration of the convention.
- Model badges allow access to the Exhibit Halls and Taste of the Industry only.
- WSWA retains the right to deny or confiscate model badges for any behavior, attire or action that WSWA, in its sole discretion, deems inappropriate. The badge fee may be refunded at WSWA's discretion.
- **All models MUST be at least 21 years of age and may be asked to provide proof of age.**

## 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 Renaissance Orlando at Seaworld or Residence Inn Orlando at Seaworld, for the first night's stay plus tax.

### IMPORTANT TO NOTE:

**Hotel confirmations will be sent from [groupcampaigns@pkghlrss.com](mailto:groupcampaigns@pkghlrss.com)**  
**We suggest you add this email address to your safe senders list to prevent your hotel confirmation from going into spam.**

## HOTEL RESERVATION CHANGES

- Once you have received your hotel confirmation number from Renaissance Orlando at Seaworld or Residence Inn Orlando at Seaworld, Hotel **reservation changes** must be made by emailing:  
Ryann Squier  
Manager, Meetings & Conventions  
Wine & Spirits Wholesalers of America  
[Ryann@wswa.org](mailto:Ryann@wswa.org)
- **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](mailto:registrations@wswa.org). Renaissance Orlando at Seaworld and Residence Inn Orlando at Seaworld cannot process hotel reservation cancellations.

## QUESTIONS

**CALL:** 202-371-5682

**EMAIL:** [registrations@wswa.org](mailto:registrations@wswa.org)

**WEBSITE:** [wswaconvention.org](http://wswaconvention.org)