

MIXOLOGIST REGISTRATION FORM

WSWA 75TH ANNUAL
CONVENTION & EXPOSITION

April 30 - May 3, 2018
Caesars Palace Las Vegas



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.

GUIDELINES

1. Exhibiting companies are responsible for hiring their own Mixologists. **WSWA does not supply mixologists, with the exception of the Call for Cocktails Mixology Competition.**
2. All Mixologists must have a badge.
3. Exhibiting companies may hire a maximum of one Mixologist per 10' x 10' booth purchased and two Mixologists per 10' x 20' booth.
4. Hospitality Suite Holders do not have a limit on the number of Mixologist badges purchased.
5. A Mixologist is defined as a person who is not an employee of the exhibitor and is hired to assist the exhibitor/suite holder in promoting the company, product and/or service in the Exhibit Halls, Hospitality Suites or the Taste of the Industry event.
6. Mixologists working in the Exhibit Hall(s), Hospitality Suites or in the Taste of the Industry should complete this form.
7. Qualified Mixologists accepted into the Call for Cocktails Competition will be extended a complimentary registration. Upon acceptance into the competition, WSWA will provide the Mixologist with a Complimentary Mixologist Registration Form to complete prior to the competition. Registration fees paid for pre-registered Mixologists accepted into the Call for Cocktails Competition will be refunded.
8. Mixologist badges allow access to the Exhibit Hall(s), Hospitality Suites and Taste of the Industry **ONLY**.
9. WSWA retains the right to deny or confiscate 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.
10. If you require a hotel room for your Mixologist please email registrations@wswa.org.

All Mixologists MUST be at least 21 years of age and may be asked to provide proof of age.

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: CONTACT INFORMATION

CONTACT FIRST NAME

CONTACT LAST NAME

WHOLESALE / COMPANY AND/OR BRAND NAME I AM REPRESENTING

TITLE

OFFICE MAILING ADDRESS

CITY / STATE / ZIP / COUNTRY

CONTACT CELL (for on-site use only)

EMAIL ADDRESS

MIXOLOGIST FIRST NAME

MIXOLOGIST LAST NAME

Please provide the name of the mixologist. If not known, please type MIXOLOGIST for first name and MIXOLOGIST for last name.

STEP 2: FEES

THE FEES BELOW ARE PER MIXOLOGIST.

Taste of the Industry ONLY Mixologist \$100
Exhibit Booth Mixologist \$250

Lower Level Suite Mixologist \$250
Traditional Hospitality Suite Mixologist \$250

STEP 3: PAYMENT

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
730 15th Street, NW
Washington, DC 20005

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 4: I HAVE READ AND AGREE TO THE GUIDELINES SET FORTH ON THIS FORM

Signature: _____ Date: _____

FOR OFFICE USE ONLY

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