

TASTE OF THE INDUSTRY TABLE RESERVATION 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

- To reserve a table for Taste of the Industry, please complete and return this form to WSWA no later than March 1, 2019.
- To reserve a table at the "Taste" your company must be exhibiting, hosting an "official" Lower Level or Traditional Suite, or be a 2019 dues-paying Associate Member.
- For this form to be considered complete and processed by WSWA, the Terms & Conditions signature box must be signed.

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

COMPANY & CONTACT INFORMATION

FIRST/LAST NAME

JOB TITLE

ON-SITE CONTACT NAME *(if not same as above)*

ON-SITE CELL PHONE

COMPANY

ASSOCIATE MEMBER PARENT COMPANY *(if applicable)*

OFFICE MAILING ADDRESS

CITY / STATE / ZIP / COUNTRY

EMAIL *(required to receive registration confirmation)*

WORK PHONE

CELL PHONE

I am registered for a: EXHIBIT BOOTH LOWER LEVEL SUITE TRADITIONAL SUITE

PRODUCT INFORMATION & CATEGORY

Please select category: Spirit Wine Cordial/Liquor Champagne/Sparkling Wine Cooler Other: _____

NAME OF PRODUCT(S) BEING POURED

PAYMENTS *(Enclose payment with this form)*

Taste of the Industry Table Fees

(Please Indicate Fee)

TASTE OF THE INDUSTRY TABLES

Early Bird Registration
Rec'd by November 20

Registration
Rec'd between Nov 21 - Feb 1

Registration
Rec'd after February 1

Taste of the Industry Table

Exhibitor, Suite Holder, WSWA Associate Members

\$600

\$700

\$850

Complimentary Taste of the Industry Table

with 2018 Diamond, Platinum or Gold Associate Membership

Complimentary

Complimentary

Complimentary

Model Badge *(Limit two per table)*

\$125

\$125

\$125

Total # of tables: _____ **Total # of models:** _____ **Total amount enclosed:** _____

PLEASE INDICATE PAYMENT METHOD*: *a 3% processing fee will be added to all credit card transactions

WILL PAY BY WIRE TRANSFER

COMPLIMENTARY TABLE WITH 2019 DIAMOND, PLATINUM, OR GOLD ASSOCIATE MEMBERSHIP.

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.

TASTE OF THE INDUSTRY TERMS AND CONDITIONS

PARTICIPATION GUIDELINES

- **All Registrants must be at least 21 years of age to attend.**
- Associate Members (gold level and higher) are entitled to a complimentary Taste of the Industry table – but must complete and submit a Taste of the Industry Form.
- To register for a “Taste” table, complete the Taste of the Industry Form after completing the Exhibitor and/or Lower Level or Traditional Suite form. The Taste of the Industry Form may be sent in with your other registration forms or submitted afterward.
- **The “Taste” form cannot be processed if it is incomplete.**

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 November 20, 2018**.
- A **50% refund** will be available for Convention registration cancellations received **November 21, 2018 through February 1, 2019**.
- Convention registration fee will be **forfeited** for cancellations if received **after February 1, 2019**.
- Refunds will be processed within 14 business days of receipt of cancellation to the original form of payment.

MODELS

- **WSWA does not supply models for Taste of the Industry.**
- **If you plan on using models, you must:**
 1. Arrange for the models yourself
 2. Register all models. Models are required to wear a badge to gain access to the Taste of the Industry.
- Participating companies are limited to two models per tasting table.
- If you are an exhibitor or suite holder and have already purchased model badges for your space, you do not need to pay for a Taste of the Industry Model Badge. Your exhibitor/suite holder model badge will be honored for the “Taste” as well.
- A model is defined as a person who is not an employee of the participating company and who is hired to assist the company in promoting the company’s product.
- Model badges are for models only and cannot be “swapped out” at any time with employees or spouses. Failure to comply with this restriction may result in the confiscation of model passes.
- “Taste” Model badges allow access to the Taste of the Industry event only. This pass does not give access to any other WSWA events or meetings.
- 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.**

QUESTIONS

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

I HAVE READ AND AGREE TO THE TERMS AND CONDITION 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: _____