

WINE SALES\$ SYMPOSIUM

May 16, 2024 • HYATT REGENCY • SANTA ROSA, CA

2024 Exhibitor Agreement

TABLE-TOP EXHIBITS

Table-Top Size:

A standard table-top is 6' x 30" and includes: white table-skirting, 2 chairs, 2 All-Access Symposium Passes, an exhibitor listing online and in the Program Guide & Workbook.

Multiple Table-Tops: Exhibitors may request more than one table-top exhibit. Please indicate the total number that you are requesting on page 2 of this document.

Please fax your completed Table-Top Request Form to 707-433-2551 or Scan and Email to: info@winesalessymposium.com

You will be notified via email that we have received your exhibit request form. If you have not received a return email within 1 week, please contact us.

CANCELLATION / REFUND POLICY

Exhibitor cancellations must be submitted in writing via email or postmarked by the following dates to receive a refund.

March 18, 2024 Within 60 days = 25% of payments refunded
April 17, 2024 Within 30 days = No Refunds Available

No refunds are available for cancellations made within 30 days of the Symposium. Wine Industry Network and Wine Sales Symposium are not responsible for notices that are not received.

Submit cancellations in writing to: info@winesalessymposium.com or Wine Sales Symposium, 155 Foss Creek Cir., Healdsburg, CA 95448, 707-433-2557 x108

NO EARLY BREAKDOWN / VACANT TABLE-TOPS

Any exhibiting company that dismantles or vacates their table-top space prior to 3:45pm, or any table-top space that is not occupied before 7:59am on the day of the show, will forfeit that company's table-top space and will not be allowed to participate in the registration process the following year. "Wine Sales Symposium" can opt to reassign the table-top space at their sole discretion.

ACCEPTANCE OF TERMS AND SIGNATURE

The undersigned, hereinafter, "Table-Top Exhibitor", hereby applies to Wine Industry Network, LLC, hereinafter, "WIN", for the use of table-top exhibit space at the Wine Sales Symposium at Hyatt Regency Sonoma Wine Country in Santa Rosa, CA, on May 16, 2024 and, upon acceptance of this registration form, agrees to pay the fees specified herein and be bound by the terms and conditions set forth in this document, including requirements for Certificate of Liability Insurance and Additional Insured Endorsement.

Legal Entity Name: _____

Authorized Signature: _____

Printed Name: _____ Date: _____

Job Title: _____

2024 Exhibitor Table-Top Request Form

WINE SALES SYMPOSIUM

PROGRAM GUIDE LISTING (FOR ONLINE EXHIBITOR LIST AND PROGRAM GUIDE)

Company Name: _____
Address: _____
City: _____ State/Province: _____ Zip: _____
Company Phone: _____ Company Email: _____
Company Website: _____

PRIMARY CONTACT (FOR QUESTIONS / BILLING / ETC.)

Name: _____
Email: _____
Phone: _____

SECONDARY CONTACT

Name: _____
Email: _____
Phone: _____

PLEASE PROVIDE A SINGLE POINT OF CONTACT FOR EACH, WE WILL NOT ACCEPT INFO@ CONTACT@ OR "GROUP" EMAIL ADDRESSES DUE TO SPAM TRAPS.

DESCRIBE YOUR COMPANY

Please provide up to 5 keyword tags that describe your company, product or service (i.e. packaging, marketing, labels, etc.)

_____ , _____ , _____ , _____ , _____

TABLE-TOP EXHIBIT RATES

- Standard Table-Top + [Annual WIN Membership](#) = \$2720
- Standard Table-Top = \$1350
- [WIN Member](#) Table-Top = \$1100

INCLUDES

- (1) 6' x 30" Table w/ Skirt
- (2) Symposium Passes
- (2) Chairs
- (1) Program Guide & Workbook Listing
- (1) Web Site Listing

I acknowledge that this paperwork must be filled out **in its entirety**, including payment information, to be considered for participation. Filling out and submitting this table-top exhibit request form **does not guarantee** my participation, but will allow the Exhibitor Review Committee to begin the process of my consideration for a table-top exhibit space.

Total Number of Table-Top Exhibits Requested: _____

List up to 5 of your competitors, by name, that you DO NOT wish to be adjacent to:

50% REQUIRED UPON SUBMISSION · FULL PAYMENT DUE BEFORE 4/17/2024

If paying by credit card, the remaining balance will be automatically charged on 4/17/2024

PAYMENT INFORMATION

Pay Half Now = \$ _____ Pay in Full = \$ _____

Credit Card #: _____ v-code: _____

Expiration: _____ Name on Credit Card: _____

Billing Address: _____ City: _____

State/Province: _____ Zip: _____ Paying by Enclosed Check # _____

tel. 707-433-2557 x107 fax form to: 707-433-2551 Wine Industry Network, 155 Foss Creek Circle, Healdsburg, CA 95448

MAKE CHECKS PAYABLE TO