



Caribbean Water and Wastewater Association

25th Silver Anniversary

Conference and Exhibition

October 24-28, 2016

Port of Spain, Trinidad

EXHIBITOR'S APPLICATION FORM

This is your application/contract for the use of exhibit space(s) at the CWWA 2016 Conference and Exhibition. CWWA reserves the right to modify the floor plan, including but not limited to booth size and/or aisle space, without notice, to provide an improved experience for exhibitors and delegates alike.

Contact Information

Title: _____ First Name: _____ Last Name: _____

Position: _____ Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Cell Number: _____

Email Address: _____

Conference Attendees: * (1) _____ (2) _____

MEMBERSHIP: CWWA : ☐

NON-MEMBER ☐

BOOTH COSTS

MEMBER RATES*			
SIZE	COST	QUANTITY	TOTAL
6' x 10'	\$2,400		
10' x 10'	\$3,200		

NON-MEMBER RATES*			
SIZE	COST	QUANTITY	TOTAL
6' x 10'	\$2,800		
10' x 10'	\$3,600		

* BOOTH RATES INCLUDE CONFERENCE REGISTRATION FOR TWO (2) PERSONS

*Table Tops available by special request

*All prices are in US Dollars

EXHIBIT HALL HOURS:

Monday 7pm—9pm

Tuesday* 8am-7pm

Wednesday* 8am-7pm

Thursday 8am-3pm

*There will be a Meet and Mingle from 5pm-7pm

Electricity: ☐ Yes ☐ No

*Wired Internet Access: ☐ Yes ☐ No

Power Supply Requirement: _____ Voltage _____ Amps

Signature of Exhibitor: _____

Date: _____

CWWA requires payment with the completed application form within 10 business days to guarantee booth location

Exhibit Description: (Please provide a brief description of your products or services)

Space Choices: (by Booth Number)

Single Booth Space (6'x10') ☐ Double Booth Space (10'x10') ☐

First Choice: _____ Second Choice: _____ Third Choice: _____

If your requested booth choices are unavailable, the CWWA Exhibit Committee Chair will liaise with your authorized contact person to determine assignment of space.

Parking Needs: (Oversized Vehicles or Trailers Only) ☐ Yes ☐ No

Parking may be accommodated at an off-site location for an additional fee.

Special Requests: ☐ Yes ☐ No

Explain: _____

Guidelines

- ◇ Each Exhibition Booth will be provided with one (1) draped 6-foot table, two (2) chairs and one (1) waste basket. Tabletops will be provided with one (1) draped 6-foot table, two (2) chairs and one (1) waste basket.
- ◇ The CWWA Secretariat will receive and handle all packages for the Exhibitors' displays through their onsite office at the Hotel.
- ◇ The Hotel does not have storage for crates.
- ◇ Exhibitors shall indemnify and hold harmless the CWWA and the hotel and its servicing agents from all liability (damage or accident) which might ensue from any cause resulting or connected with transportation, placing, removal, or display of exhibits.
- ◇ It is the responsibility of each exhibitor to check with the official drayage firm regarding all entry and exit accesses to ensure that exhibits can be moved into the exhibit area.
- ◇ Electrical requirements must be requested directly through the CWWA Secretariat or its designee.
- ◇ Carpet protection must be provided for any rolling equipment.
- ◇ *Wireless Wi-Fi available in all meeting space.

BOOTH SPACE SELECTED WILL BE CONFIRMED UPON RECEIPT OF FULL PAYMENT.

BOOTH RATES INCLUDE CONFERENCE REGISTRATION FOR TWO (2) PERSONS.

Method of Payment: Make all cheques and money orders payable to CWWA (*Please note on your cheque or money order that payment is for the CWWA 2016 Conference and Exhibition Registration-Booths*). Forms can be emailed to cwwaconferenceplanning2016@gmail.com; or contact 868-645-8681 or mailed to Caribbean Water and Wastewater Association, C/O WASA, Farm Road, St. Joseph, TRINIDAD, or faxed to 868-645-7849.

I/We agree to pay \$_____ for _____ exhibit spaces at the CWWA 2016 Conference and Exhibition.

Form of Payment: ☐ Cheque ☐ Money Order ☐ Wire Transfer ☐ Credit Card: ☐ MC ☐ VI

Name on Card

Number

Expiration Date

CVS

Signature of Card Holder

Date

CANCELLATION POLICY

Cancellations must be received via email **by 31st August 2016**, to qualify for a refund. A US \$200 administrative fee will be deducted from the total registration fee. Substitutes are always welcomed and no-shows are non-refundable. All refunds will be processed after the Conference.



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PARTICIPANT'S REGISTRATION FORM (Exhibitors Only)

Participant's Information

Title _____ First Name _____ Last Name _____

Position _____ Company Name _____

Mailing Address _____

City _____ State _____ Zip Code _____ Country _____

Phone Number _____ Cell Number _____

Email Address _____

____ Please check here if special services are required. Explain: _____

Dietary Restrictions: ☐ Vegetarian ☐ Vegan ☐ Other _____

Number of Persons in Your Party: Adults: _____ Young Adults (13-17): _____ Children (12 yrs old and under): _____

MEMBERSHIP: ☐ CWWA ☐ NON-MEMBER ☐ STUDENT

Conference and Exhibition Week in Review

Monday	Tuesday	Wednesday	Thursday
Pre-Conference Workshops	Plenary Session	Exhibit Hall Open	Technical Sessions
CWWA Board Meeting	Exhibit Hall Open	Technical Sessions	Gala Awards
Opening Ceremony	Technical Sessions	Trade Presentations	Ceremony
Exhibit Hall Ribbon-Cutting	Trade Presentations	Water Tasting Competition	Exhibit Hall Closes
Welcome Reception	Poster Presentation And Luncheon	Rum Tasting Competition	
	Cultural Event	CWWA Annual General Membership Meeting & Elections	Friday
			Technical Field Tours
			CWWA Executive Meeting

CANCELLATION POLICY

Cancellations must be received via email by **September 15, 2016**, to qualify for a refund. Substitutes are always welcomed and no-shows are non-refundable. Any refunds will be processed after the Conference.

CONFERENCE PARTICIPATION

Please Indicate your attendance:

- Monday: ☐ Welcome Ceremony and Reception
 Tuesday: ☐ Lunch ☐ Cultural Event
 Wednesday: ☐ Lunch
 Thursday: ☐ Gala Awards Ceremony
 Friday: ☐ Technical Tours: ☐ Water ☐ Wastewater ☐ Solid Waste
 (Choose ONLY one tour)

COMPANION FEES

COMPANION FEES		
Category (Indicate how many tickets needed per day per event)	Early Registration by 31/08/16	Late Registration after 31/08/16
Lunches ____ Tuesday ____ Wednesday ____ Thursday	____ X \$50.00	____ X \$55.00
Tuesday: ____ Cultural Event	____ X \$50.00	____ X \$55.00
Wednesday: ____	____ X \$50.00	____ X \$55.00
Thursday: ____ Gala Award Ceremony	____ X \$70.00	____ X \$70.00
Friday: ____ Technical Field Tours	____ X \$45.00	____ X \$45.00
TOTAL		

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Form of Payment: ☐ Cheque No. _____ ☐ Money Order ☐ Wire Transfer ☐ Credit Card: ☐ MC ☐ VI

Name on Card

Number

Expiration Date

CVV

Billing Zip Code

Card Holder's Signature