



**17th Annual Hospitality Trade Show
Registration Packet**

Please read ALL of the information in this packet.

**Wednesday February 21st, 2018
Sevierville Convention Center**

Brought to you by:



SPECTRA
BY COMCAST SPECTACOR



DollyWood

DETAILS

Date, Time, & Place:

Wednesday February 21st, 2018, at the Sevierville Convention Center, 10:00 AM – 4:30 PM

Set-Up: February 20th, 2018, 12 Noon – 4 PM, and Wednesday February 21st, 2018, 7 AM – 9 AM

Break-Down: Wednesday February 21st, 2018, 4:30 PM – 5:30 PM **(Please do not break down your booth before 4:30)**

Pricing:

Members of a Sevier County Association (PFHA, SHA, GHA, SMVLA, SMWA): \$200.00 per booth

I am a member of: _____

Non-members or members of other associations: \$350 per booth

Registrations received AFTER January 31st, 2018, will incur late fees of \$50 per booth.

Please DO NOT send local association dues with your registration. Local Association dues must be sent separately to the association you are wishing to join.

Registration & Payment:

PLEASE SEND REGISTRATION FORM WITH ALL PAYMENTS

Trade Show Registration Form & payment must be received by Wednesday January 31st, 2018, to avoid late fees.

Checks:

Mail payment and registration form to: SCLA, P.O. Box 520, Pigeon Forge, TN 37868

Credit Cards:

Mail registration form and credit card authorization form to: SCLA, P.O. Box 520, Pigeon Forge, TN 37868

****Registrations WILL NOT be accepted in person or over the phone****

BOOTH SPACE IS ASSIGNED ON A FIRST COME, FIRST SERVED BASIS

Door Prizes:

Each vendor MUST turn in a door prize to be given away to attendees valued at \$50 or higher. Door Prizes are PER BOOTH – you are expected to bring one door prize for EVERY booth you register. Ideally these would be gift baskets, gift cards, or other tangible items, and not dollar off coupons, or \$50 worth of goods/services.

There will be a drawing for vendor door prizes at the end of the show. You must be present to win.

Cancellation:

All cancellation requests must be submitted in writing one week prior to the show. No refunds will be given for cancellations within one week of the show.

For Questions & Other Information Please Contact:

Christie Connatser @ 865-436-9626, christie.connatser@hilton.com

Trade Show Booth Registration

****Registrations WILL NOT be accepted in person or over the phone****

Company Name: _____

Description of Sales or Service: _____

Mailing Address: _____

City, State, Zip: _____

Contact Name: _____ Phone: _____

Fax: _____ E-mail: _____

- Please indicate how you prefer to receive your confirmation: FAX _____ EMAIL _____
- **Members of PFHA, GHA, SHA, SMWA, or SMVLA:** # booth spaces @ \$200 per space: _____
I am a member of: ___ PFHA ___ SHA ___ GHA ___ SMWA ___ SMVLA
- **Non-Members:** # of booth spaces @ \$350 per space: _____
- Wireless internet is available at no additional charge
- Each booth contains:
 - 1 (one) 6-foot skirted table
 - Electrical hook-up with extension cord

****ALL trade show participants are required to bring one door prize per booth valued at least \$50*****

Door Prize Description: _____

BOOTH SPACE IS ASSIGNED ON A FIRST COME, FIRST SERVED BASIS

Registration AFTER January 31st, 2018 is \$250 per booth (members), \$400 per booth (non-members)

Please make check payable to SCLA, and mail to PO BOX 520, Pigeon Forge, TN 37868.

****Please DO NOT pay association dues and registration fees with the same check. Mail association dues to the local association that you wish to join*****

For Questions & Other Information Please Contact:

Christie Connatser @ 865-436-9626, christie.connatser@hilton.com

Office Use Only

Date Received:	Payment Information:	Comments:

Credit Card Authorization Form

I, _____, the credit card holder, give permission to the Sevier County Hospitality Alliance authority to sign for and use the following credit card to pay for all registration fees for the Sevier County Hospitality Alliance Trade Show. Please note that a 4% processing fee will be added for credit card payments.

Total Fees Due (from registration form): _____

Credit Card Type: MasterCard Visa American Express Discover

Credit Card Number (last 4 #'s Only): _____ **EXP.** _____

For security purposes please do not send the entire credit card number. Once we received your registration we will call you for the full number.

Card Holder Name (print): _____

Card Holder Signature: _____

For Questions & Other Information Please Contact:

Christie Connatser @ 865-436-4878, christie.connatser@hilton.com