



**STATE OF THE TOURISM INDUSTRY CONFERENCE
SEPTEMBER 14-16, 2016
HILTON BARBADOS RESORT | BARBADOS**

“Honoring Our Legacy: Defining Our Future”

The following Rules and Regulations apply to all Tabletop Exhibits at the annual State of the Tourism Industry Conference to be held at Hilton Barbados Resort, September 14 – 16, 2016.

- Applications must reach CTO by **Wednesday, August 31, 2016** accompanied by payment in full. Payment must be made by credit card, cash or by certified check/money order payable to the Caribbean Tourism Organization. Payments are non-refundable after **August 31, 2016**.
- The Conference can accommodate a limited number of exhibits. CTO reserves the right to be selective and space will be assigned on a first-come first-served basis.
- Each exhibit is limited to 2 representatives, listed below, in the space allotted.
- Each exhibitor will be provided with a skirted 6ft table and 2 chairs. Exhibitors must provide their own method of branding and displaying their **product/information**. **No open flames are permitted**. Exhibitors requiring electricity must bring their own extension cord. **Additional fee may apply**.
- Each exhibitor must declare below, all items to be exhibited.
- Exhibitor set up will be facilitated on **Wednesday, September 14, 2016** between **10:00am – 1:00pm**.
- Exhibits may be open each day between **8:00am – 5:00pm** on **September 15 – 16** and **2:30pm – 7:00pm** on **September 14**.
- The exhibition will be open to the public.
- Exhibitors may participate in coffee and lunch breaks on **September 15 and 16**. Attendance at sessions and social functions is **PROHIBITED**.
- Exhibitor breakdown must be completed by **7:00pm** on **Friday, September 16, 2016**.
- Each Tabletop Exhibit will cost **US \$250.00**. **Payment may be made in Barbadian currency**.

EXHIBITOR APPLICATION FORM

COMPANY NAME, IF APPLICABLE: _____

Contact: _____
 Title: _____
 Street Address: _____
 City: _____
 State: _____ Zip: _____
 Country: _____
 Phone: _____
 Mobile: _____
 Email: _____

Booth Staff: [limited to 2 representatives]
 Please list all names as they appear on a Government Issued ID.

1. _____
2. _____

Description of items to be exhibited: _____

We will require electricity: () *Yes () No
 *Additional fee may apply

Tick the box to receive email updates about our services and events

[] Enclosed is my Cash/Check/Money Order for \$ _____ [] Please charge my: () AMEX () MC () Visa
 Card Number: _____ Exp. Date: _____ Security Code: _____
 Cardholder: _____ Signature: _____

RETURN COMPLETED FORM WITH PAYMENT IN FULL TO SOTIC 2016:

Caribbean Tourism Organization
 Ground Floor, Baobab Tower, Warrens • St Michael • Barbados
 Tel: 246-427-5242 — Email: paulah@caribtourism.com

Caribbean Tourism Organization-USA, Inc.
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