



# EXHIBITOR GUIDELINES

2017

[www.carolinasunite.org](http://www.carolinasunite.org)

## **NEXT STEPS:**

Now that you have signed up to exhibit at the CarolinasUnite conference, there are a few things you need to do:

1. Review this packet in full.
2. Be sure to send your payment in for your booth/sponsorship. If you have questions about this, please contact [info@carolinasunite.org](mailto:info@carolinasunite.org).
3. Send the names of the representatives from your organization that will be attending to [info@carolinasunite.org](mailto:info@carolinasunite.org) no later than October 31.
4. Let us know if you will be donating a door prize and what that might be.
5. Complete drayage and electrical forms should you need those services (see attached).

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## **Exhibitor Information**

### **Single Exhibit Space Includes:**

- 10ft exhibit space (no pipe and drape)
- 1 – 8ft table with linen
- 2 chairs
- Listing on website
- Listing in conference program
- List of conference attendees (provided after the conference)
- \*2 representatives may attend with a single exhibit space purchase
  - Lunch will be provided for representatives

### **Double Exhibit Space Includes:**

- 18ft exhibit space (no pipe and drape)
- 2 – 8ft tables with linen
- 3 chairs
- Listing on website
- Listing in conference program
- List of conference attendees (provided after the conference)
- \*3 representatives may attend with a double exhibit space purchase
  - Lunch will be provided for representatives

### **IMPORTANT INFORMATION:**

- Companies must submit names of representatives no later than October 31
- All display materials must fit inside the purchase booth space including signage, samples, etc.
- **Set-up for exhibitors will be 4:00pm-6:00pm on Tuesday, November 7, 2017**
- **Breakdown for exhibitors will not be allowed before 2:00pm on Thursday, November 9, 2017**
- All booths must be manned at all times when the exhibit hall is open:
  - Wednesday, November 8, 2017 8:00am-7:30pm
  - Thursday, November 9, 2017 9:00am-2:00pm

### **HOTEL GUIDELINES FOR EXHIBITORS:**

#### **Move In/Move Out**

- Access will be allowed to the Conference Center for move-in/setup and move-out/tear down of your event on the following dates/times:
  - Move In – Tuesday, November 7 from 4:00pm-6:00pm
  - Move Out – Thursday, November 9 from 2:00pm-4:00pm
- At the conclusion of the move-in/setup, all equipment, vehicles, etc., used during this process must be moved from the premises promptly.
- Equipment, machinery, boxes, etc., needed for move-out/tear-down may be returned to the Conference Center at the conclusion of your event.
- You are responsible for the removal of all event-related materials.
- Any fees incurred by the Conference Center/Kingston Resorts for the removal of items will be charged to you at applicable rates.
- During move-in and move-out times, movement areas are considered hazardous work areas. The following will be strictly enforced; absolutely no drinking of alcoholic beverages or the use of controlled substances will be permitted, no horseplay, no speeding or reckless use of equipment or vehicles.

- g. The property accepts no responsibility for loss of equipment left unsecured anywhere on the premises.

### **General Information**

- a. ALL house lights are to be controlled by the Conference Center personnel.
- b. No pyrotechnics shall be used within the Conference Center or anywhere on the Kingston Resort premises.
- c. No decorative or other materials shall be attached to any part of the Conference Center without prior approval by management.
- d. Doors will be opened at the time set by host organization unless, in the sole discretion of Kingston Resorts, the doors need to be opened due to safety reasons.
- e. In carpeted areas where exhibit booths will be displayed, exhibitor must provide floor covering to be approved in advance by Kingston Resorts.
- f. Permanent facility carpet and floors must also be protected from damage caused by crates, dollies, hand trucks, equipment, etc., during your event, including move-in and move-out.
- g. Tape and adhesive-backed materials are not allowed on carpeted or walled surfaces, glass or to cover up any equipment.
- h. All vehicles parked in non-authorized areas will be removed at the owner's expense.

### **Elevator Usage**

- a. All equipment must be transported utilizing the freight elevators only. Under no circumstances are public elevators to be used for transporting equipment or exhibit materials that are not able to be carried by hand.
- b. Items transported by freight elevators must not exceed the total weight capacity of such freight elevator.

### **Freight or Shipment of Materials – FORM ATTACHED**

- a. Arrangements are to be made with a service contractor or drayage company to handle freight requirements and the Conference Center will not accept your freight/packages.
- b. Any freight or deliveries arriving at the Conference Center prior to the agreement move-in/setup date will not be accepted unless approved in writing by the Conference Services Manager.
- c. All materials, equipment or freight sent to the Conference Center during contracted move-in must be clearly marked to indicate intended receiver and name of event.**
- d. Registration materials, hand literature or event-related equipment, such as furniture rental, plants special decorations, etc., should be directed to the official service contractor.
- e. C.O.D. deliveries will not be accepted by the property.
- f. All materials, equipment and/or freight are to be delivered and removed at the loading dock or event-related entrance.
- g. Conference Center/Hotel does not accept pallet deliveries.

### **Rigging**

All rigging within the Conference Center must be approved in advance by management.

### **No Smoking Policy**

The Conference Center, loading docks, stairwells and all back of the house areas are completely Smoke Free.

### **Residual Matters**

All matters, rules, regulations or deviations therefore not expressly provided within this information shall be decided upon by the General Manager.

**Electrical Usage – FORM ATTACHED**

All electrical services must be submitted to hotel (10) ten days prior to event. Ensure all information is legible and clearly state the name of the convention/trade show you will be attending. **Any additional charges or electrical requests on site incurred will be accessed at \$50 per booth plus 22% service charge.**

Questions?  
Contact Nancye Bailey  
[info@carolinasunite.org](mailto:info@carolinasunite.org)  
803.238.7438

**9800 Queensway Blvd.  
Myrtle Beach, SC 29572  
Phone: (843) 497-1000**

**Kingston Plantation  
A Hilton and  
Embassy Suites Resort**

**CREDIT CARD  
PAYMENT FOR  
ELECTRICAL SERVICE**



Credit Card Payment Authorization Form

Please complete all areas below. Incomplete requests may be rejected. This form must be received at least 5 business days prior to the Check-In, or by specified date in Event Contract, to ensure acceptance of the credit card to be charged. **Do not send completed form by email.**

FAX COMPLETED FORM TO: INSERT FAX #  
 Fax Completed Form to: 843-497-1219  
 Attention: Catering & Events

ATTN: \_\_\_\_\_

HOTEL USE ONLY: \_\_\_\_\_ Date: \_\_\_\_\_

Guest / Group Name:	CarolinasUniteAnimalWelfareProfessionalsConference	
Check-In / Event Date:	November 7, 2017	
Name of Person/Group Making Reservation:	Phone:	
Authorized Amount:	Approval Code:	Date:

**CARDHOLDER - Please complete the following section and sign/date below.**

Cardholder Name as it Appears on Credit Card:				
Cardholder Billing Address:				
City:	State:	Zip:		
Daytime /Business Telephone:		Evening Telephone:		
Credit Card Number:		Expiration Date:		
Credit Card Type: (Circle one)				
<input type="radio"/> Visa/MasterCard	<input type="radio"/> American Express	<input type="radio"/> Discover	<input type="radio"/> JCB	<input type="radio"/> Diners Club
Credit Card Issuing Bank Name:		Bank Phone Number (from back of your credit card):		
I agree to cover the following categories of charges: (Please circle)				
<input type="radio"/> All Charges	<input type="radio"/> Room & Tax	<input type="radio"/> Food & Beverage	<input type="radio"/> Retail	<input type="radio"/> Recreation
I agree to cover the above categories of charges up to a Maximum Amount of \$ _____				
DIRECT BILL ACCOUNT PAYMENTS ONLY:				
Name on Invoice/Statement _____		Date on Invoice/Statement _____		
Invoice/Statement Number _____		Authorized Amount \$ _____		

**Note: Charges for room and tax, group deposits or direct bill account payments will be charged to your credit card immediately. Any incidental charges circled above will be charged at the time of check-out.**

Amount to be immediately charged to credit card for room and taxes or deposit: \$ \_\_\_\_\_

Final Balance Billed to Credit Card (hotel use only): \$ \_\_\_\_\_

By signing below, you authorize the hotel to charge your credit card immediately for the amount indicated above up to the "Maximum Amount" indicated above. You further acknowledge that if "all charges" has been selected, then all guest/group related charges (less Deposit) will be charged to the above card number at the time of check-out or event conclusion.

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **VENDOR INFORMATION FOR PACKAGES SHIPMENT**

Please be aware that there are fees associated with the receipt and shipment of boxes through the hotel. Handling fees are charged at \$10.00 per package under 50 pounds and \$20.00 per package under 150 pounds. Pallets are charged at \$150.00 each.

**Please ship packages to arrive NO EARLIER THAN MONDAY, NOVEMBER 6, 2017**

Shipping address is:

Your Company Name  
c/o CarolinasUnite Conference  
Kingston Resorts  
9800 Queensway Blvd  
Myrtle Beach SC 29572

Please fill out the following information, as well as the attached credit card authorization form with signature and fax back the two pages to the Events Department at 843-497-1219.

**Conference Name: CarolinasUnite Animal Welfare Professionals Conference**

**Company:**

**On-site Vendor Name:**

**On-site Vendor Cell #:**

**Expected Package Arrival Date: NOVEMBER 6,2017**

**# of Boxes:**

**Weight of Boxes:**

**Total Cost: \$**

TheHiltonFamily



**KINGSTON PLANTATION**

**Credit Card Payment Authorization Form for Drayage re: CarolinasUnite**

Please complete all areas below. Incomplete requests may be rejected. This form must be received at least 5 business days prior to the Check-In, or by specified date in Event Contract, to ensure acceptance of the credit card to be charged.

FAX COMPLETED FORM TO: 843.497.1219

ATTN: Catering Department

HOTEL USE ONLY:

Date: \_\_\_\_\_

Group Name:	CarolinasUnite Animal Welfare Professionals Conference		
Event Date:	November 7, 2017		
Name of Person/Group Making Reservation:			Phone:
Authorized Amount:	Approval Code:	Date:	

**CARDHOLDER** - Please complete the following section and sign/date below.

Cardholder Name as it Appears on Credit Card:			
Cardholder Billing Address:			
City:	State:	Zip:	
Daytime /Business Telephone:		Evening Telephone:	
Credit Card Number:		Expiration Date:	
Credit Card Type: (Circle one)			
<input type="checkbox"/> Visa/MasterCard	<input type="checkbox"/> American Express	<input type="checkbox"/> Discover	<input type="checkbox"/> JCB
		<input type="checkbox"/> Diners Club	
Credit Card Issuing Bank Name:		Bank Phone Number (from back of your credit card):	
I agree to cover the following categories of charges: (Please circle)			
Charges	Room & Tax	Food & Beverage	<input type="checkbox"/> All
		Retail	Recreation
I agree to cover the above categories of charges up to a Maximum Amount of \$ _____			
DIRECT BILL ACCOUNT PAYMENTS ONLY:			
Name on Invoice/Statement _____		Date on Invoice/Statement _____	
Invoice/Statement Number _____		Authorized	Amount
\$ _____			

Note: Charges for room and tax, group deposits or direct bill account payments will be charged to your credit card immediately. Any incidental charges circled above will be charged at the time of check-out.

**Amount to be immediately charged to credit card for an advance deposit or payment:**

\$

Final Balance Billed to Credit Card (hotel use only): \$ \_\_\_\_\_

By signing below, you authorize the hotel to charge your credit card immediately for the amount indicated above up to the "Maximum Amount" indicated above. You further acknowledge that if "all charges" has been selected, then all guest/group related charges (less Deposit) will be charged to the above card number at the time of check-out or event conclusion.

**Cardholder Signature:** \_\_\_\_\_

Date: \_\_\_\_\_



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Kingston Plantation  
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CREDIT CARD  
PAYMENT FOR  
ELECTRICAL SERVICE



### Credit Card Payment Authorization Form

Please complete all areas below. Incomplete requests may be rejected. This form must be received at least 5 business days prior to the Check-In, or by specified date in Event Contract, to ensure acceptance of the credit card to be charged. **Do not send completed form by email.**

Fax Completed Form to: 843-497-1219  
Attention: Catering & Events

ATTN: \_\_\_\_\_

HOTEL USE ONLY:

Date: \_\_\_\_\_

Guest / Group Name:		
Check-In / Event Date:		
Name of Person/Group Making Reservation:		Phone:
Authorized Amount:	Approval Code:	Date:

### CARDHOLDER - Please complete the following section and sign/date below.

Cardholder Name as it Appears on Credit Card:		
Cardholder Billing Address:		
City:	State:	Zip:
Daytime /Business Telephone:		Evening Telephone:
Credit Card Number:		Expiration Date:
Credit Card Type: (Circle one) Visa/MasterCard      American Express      Discover      JCB      Diners Club		
Credit Card Issuing Bank Name:		Bank Phone Number (from back of your credit card):
I agree to cover the following categories of charges: (Please circle) All Charges      Room & Tax      Food & Beverage      Retail      Recreation		
I agree to cover the above categories of charges up to a Maximum Amount of \$ _____		
DIRECT BILL ACCOUNT PAYMENTS ONLY:		
Name on Invoice/Statement _____		Date on Invoice/Statement _____
Invoice/Statement Number _____		Authorized Amount \$ _____

Note: Charges for room and tax, group deposits or direct bill account payments will be charged to your credit card immediately. Any incidental charges circled above will be charged at the time of check-out.

Amount to be immediately charged to credit card for room and taxes or deposit: \$ \_\_\_\_\_

Final Balance Billed to Credit Card (hotel use only): \$ \_\_\_\_\_

By signing below, you authorize the hotel to charge your credit card immediately for the amount indicated above up to the "Maximum Amount" indicated above. You further acknowledge that if "all charges" has been selected, then all guest/group related charges (less Deposit) will be charged to the above card number at the time of check-out or event conclusion.

Cardholder Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Attention: Catering & Events  
 Phone: 843-497-1000  
 Fax: 843-497-1219



## ELECTRICAL ORDER FORM

NAME: \_\_\_\_\_  
 PHONE/EMAIL: \_\_\_\_\_  
 NAME OF CONFERENCE: **CarolinasUnite Conference**  
 VENDOR NAME: \_\_\_\_\_  
 BOOTH NUMBER: \_\_\_\_\_

LOCATION: BRIGHTON  
 SETUP DATE/TIME: 11.7.17  
 DATE OF CONFERENCE: 11.7-11.10

**IMPORTANT CONDITIONS AND REGULATIONS:**

1. Wall, column and permanent building utility outlets are not a part of booth space and are not to be used by exhibitors unless specified otherwise.
2. All equipment, regardless of source of power, must comply with all federal, state and local safety codes.
3. Use of open personal power strips is prohibited.
4. Prices based upon current wage rates and are subject to change without notice.
5. Under no circumstances shall anyone other than "house electrician" make electrical connections.
6. Special equipment requiring company engineers or technicians for assembly, servicing, preparatory work and operation may be executed without "house electrician".
7. All equipment must be properly tagged and wired with complete information as to type of current, voltage, phase, cycle, horsepower, etc.
8. All exposed non-current carrying metal parts of fixed equipment, which are liable to be energized, shall be grounded.
9. Rates quoted for all connections over only the bringing of service to the booth in the most convenient manner and do not include connecting equipment for special wiring.
10. Orders must be received a minimum of fourteen (14) days prior to exhibitor arrival for move in.

**PLEASE FILL OUT THE FOLLOWING**

**Electrical Service Required  
 110 Volt AC Standard Service**

# of Outlets	Total
___ 5 Amps/500 Watts	\$50.00
___ 20 Amps/2200 Watts	\$85.00
<b>Total</b>	

**NOTE:** Prices include (1) loaned 25' extension cord. Exhibitors will be charged \$35.00/+ tax for unreturned cord.

**208 Volt AC Single Phase**

___ 50 Amp Service	\$160.00	___
___ 100 Amp Service	\$310.00	___
___ Band Power Box	\$250.00	___
<b>Total</b>		___

**NOTE:** Any direct wiring required will be completed by a certified house electrician at the flat rate of \$85.00/hr. With a 1 hour minimum.

**208 Volt AC Three Phase**

___ 50 Amp Service	\$260.00	___
___ 100 Amp Service	\$460.00	___
(Three phase available in Kensington Ballroom only)		
<b>Total</b>		___

**NOTE:** All electrical services must be submitted to the Hotel (14) fourteen days prior to the event. Ensure all information is legible and clearly state the name of the convention/trade show you will be attending. **Any additional charges or electrical requests on site incurred will be accessed at the rate listed above plus 22% service charge.**

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_