



**St. Maarten/St. Martin Annual Regional Tradeshaw**  
**May 25- 27, 2011**  
**The Westin Dawn Beach Resort & Spa**

GENERAL INFORMATION

SMART – The St. Maarten Hospitality and Trade Association, in conjunction with The Association des Hoteliers de St. Martin, and with the sponsorship of St. Maarten Tourist Bureau and the Office de Tourisme de St. Martin present SMART. The event provides 1 and half days of pre-scheduled appointments sessions and activities where Wholesalers and Tour Operators from around the world can meet and conduct business with Suppliers in the tourism industry.

SMART 2011 – will include Suppliers from the Islands of the North Eastern Caribbean Region. These include Anguilla, Antigua, Barbuda, British Virgin Islands, Dominica, Guadeloupe, Montserrat, Saba, St. Eustatius, St. Barthelemy, St. Kitts & Nevis and St. Maarten-St. Martin.

HOW SMART WORKS – A SMART Directory of Participants includes marketing profiles and product information on all participating buyers & suppliers, along with appointment request forms. Once received, supplier delegates should review the information and request appointments with those buyers companies they wish to meet. Since appointments are only scheduled through buyer requested and perfect matches, suppliers are encouraged to make advance contact with buyers they are interested in meeting. Appointments are arranged in advance through computer matching of pre-scheduled appointments requests received from buyers and suppliers. Appointments may also be scheduled on-site during the "Scheduling Sessions".

PRELIMINARY SCHEDULE OF EVENTS:

**May 25, 2011**

Official arrival day for Buyers & Suppliers  
2:00pm – 6:00pm ..... Registration & Credentials Claiming  
4:00pm – 6:00pm ..... Supplier Tabletop Setup  
7:30pm ..... Welcome reception

**May 26, 2011**

7:30am – 9:30am ..... Registration & Credentials Claiming for late arrivals  
8:45am – 9:45am ..... Buyer to Supplier Scheduling Session  
10:00am – 5:30pm ..... Appointments are scheduled continuously throughout the day  
12:30pm – 2:30pm ..... A "Working Lunch" is provided so that delegates may expand their working day  
7:30pm ..... Farewell Party

**May 27, 2011**

9:00am – 12:00pm ..... Additional Optional Appointments  
9:00am – 4:30pm ..... Hotel Visits, Island Tours & Activities

PLEASE FAX YOUR COMPLETED REGISTRATION FORM TO THE SMART FAX NUMBER:

**599-542-0107**

please continue... SUPPLIERS

Supplier Registration

# Application to Register

## SMART 2011 – SUPPLIERS

### HOW TO REGISTER

Participation in SMART is by invitation only. Applicants should complete the registration form and send it with the appropriate fee to the official SMART management team, the St. Maarten Hospitality & Trade Association, located at 33a, WJA Nisbeth Road, Philipsburg, St. Maarten, Netherlands Antilles, Telephone: 599-542-0108 Fax: 599-542-0107

The address in Address Block 1 will be used on all printed materials including indexes in the Official Directory of Participants, and name badge credentials. Unless otherwise specified, the Official Directory of Participants will be sent to Address Block 1 as completed below.

### ADDRESS BLOCK 1:

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

(Please include country and city codes where applicable)

E-mail \_\_\_\_\_ Web Site URL \_\_\_\_\_

### ADDRESS BLOCK 2:

Please send my Directory of Participants to the address indicated below:

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

(Please include country and city codes where applicable)

E-mail \_\_\_\_\_ Web Site URL \_\_\_\_\_

**Primary Delegate:** All information is sent to the attention of the Primary Delegate at the address indicated above. Appointments are pre-scheduled for the Primary Delegate then in sequential order as you list the delegates below. All other registered Delegates have the option of having their own set of appointments or sharing appointments with another Delegate.

Please complete this information as you would like it to appear on your name badge.

### PRIMARY DELEGATE:

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

I will participate in the Farewell Party.

Appointment Taking Delegate

### DELEGATE NUMBER TWO:

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

I will participate in the Farewell Party.

Appointment

Shared Appointment

If you wish to register more than two delegates, please attach a list on a separated sheet of paper

PLEASE FAX YOUR COMPLETED REGISTRATION FORM TO THE SMART FAX NUMBER:

599-542-0107

**SUPPLIER MARKETING INFORMATION FOR THE OFFICIAL DIRECTORY OF PARTICIPANTS**

Complete The Following Information Describing Your Company/Organization:

**A. TYPE OF COMPANY / ORGANIZATION:**

- |                          |                          |   |                          |
|--------------------------|--------------------------|---|--------------------------|
| 1. Airlines .....        | <input type="checkbox"/> | 7. Guest House.....                         | <input type="checkbox"/> |
| 2. Attractions .....     | <input type="checkbox"/> | 8. Hotel .....                              | <input type="checkbox"/> |
| 3. Bed & Breakfast ..... | <input type="checkbox"/> | 9. New Property .....                       | <input type="checkbox"/> |
| 4. Car Rental .....      | <input type="checkbox"/> | 10. Hotel Management Company.....           | <input type="checkbox"/> |
| 5. Condominiums.....     | <input type="checkbox"/> | 11. Destination Marketing Organization..... | <input type="checkbox"/> |
| 6. Cruise Line .....     | <input type="checkbox"/> | 12. Government Tourist Organization.....    | <input type="checkbox"/> |

**B. IN WHICH TYPES OF BUSINESS DOES YOUR COMPANY SPECIALIZE?**

- |                               |                          |                                  |                          |
|-------------------------------|--------------------------|----------------------------------|--------------------------|
| 1. Individual Travelers ..... | <input type="checkbox"/> | 5. Sport Program .....           | <input type="checkbox"/> |
| 2. Group .....                | <input type="checkbox"/> | 6. Special Interest Travel ..... | <input type="checkbox"/> |
| 3. Meetings .....             | <input type="checkbox"/> | 7. Technical Tours.....          | <input type="checkbox"/> |
| 4. Incentives .....           | <input type="checkbox"/> |                                  |                          |

**C. IF YOUR ORGANIZATION PROVIDES LODGING, PLEASE INDICATE WHICH OF THE FOLLOWING APPLY:**

- |                                  |                          |                                     |                          |                                      |                          |
|----------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------------------|--------------------------|
| 1. 5 Star .....                  | <input type="checkbox"/> | 11. Time Share .....                | <input type="checkbox"/> | 20. Tennis .....                     | <input type="checkbox"/> |
| 2. 4 Star .....                  | <input type="checkbox"/> | 12. Beachfront.....                 | <input type="checkbox"/> | 21. Golf .....                       | <input type="checkbox"/> |
| 3. 3 Star .....                  | <input type="checkbox"/> | 13. Spa .....                       | <input type="checkbox"/> | 22. Watersports .....                | <input type="checkbox"/> |
| 4. 2 Star .....                  | <input type="checkbox"/> | 14. Restaurant on Property .....    | <input type="checkbox"/> | 23. Meeting Facilities .....         | <input type="checkbox"/> |
| 5. Cottages/Villas .....         | <input type="checkbox"/> | 15. Internet Facilities .....       | <input type="checkbox"/> | 24. Meal Plans - All Inclusive ..... | <input type="checkbox"/> |
| 6. Resort .....                  | <input type="checkbox"/> | 16. Sports Facilities .....         | <input type="checkbox"/> | 25. Meal Plans - MAP .....           | <input type="checkbox"/> |
| 7. Hotel (up to 50 rooms) .....  | <input type="checkbox"/> | 17. Room Service .....              | <input type="checkbox"/> | 26. Meal Plans - EP .....            | <input type="checkbox"/> |
| 8. Hotel (50 - 100 rooms) .....  | <input type="checkbox"/> | 18. Laundry Service .....           | <input type="checkbox"/> | 27. In Room Safes .....              | <input type="checkbox"/> |
| 9. Hotel (100 - 300 rooms) ..... | <input type="checkbox"/> | 19. Adventure Sports .....          | <input type="checkbox"/> | 28. In Room Internet Access .....    | <input type="checkbox"/> |
| 10. Hotel (over 300 rooms) ..... | <input type="checkbox"/> | (Fishing, Scuba, Sailing,etc) ..... | <input type="checkbox"/> |                                      |                          |

**D. IF YOUR ORGANIZATION IS A GROUP OPERATOR, PLEASE INDICATE WHICH OF THE FOLLOWING APPLY:**

- |                                    |                          |                                |                          |
|------------------------------------|--------------------------|--------------------------------|--------------------------|
| 1. Foreign Language Guides .....   | <input type="checkbox"/> | 4. Private Car Transfers ..... | <input type="checkbox"/> |
| 2. Hotel Reservation Service ..... | <input type="checkbox"/> | 5. Group Transfer .....        | <input type="checkbox"/> |
| 3. Hotel Rate Negotiation .....    | <input type="checkbox"/> | 6. Tours.....                  | <input type="checkbox"/> |

**E. WHERE DO YOU OPERATE?**

- |                                 |                          |                     |                          |                          |                          |                       |                          |
|---------------------------------|--------------------------|---------------------|--------------------------|--------------------------|--------------------------|-----------------------|--------------------------|
| 1. Anguilla .....               | <input type="checkbox"/> | 5. Dominica .....   | <input type="checkbox"/> | 9. Saba .....            | <input type="checkbox"/> | 13. St. Maarten ..... | <input type="checkbox"/> |
| 2. Antigua .....                | <input type="checkbox"/> | 6. Guadeloupe.....  | <input type="checkbox"/> | 10. St. Barthelemy ..... | <input type="checkbox"/> | 14. St. Martin .....  | <input type="checkbox"/> |
| 3. Barbuda .....                | <input type="checkbox"/> | 7. Montserrat ..... | <input type="checkbox"/> | 11. St. Eustatius .....  | <input type="checkbox"/> |                       |                          |
| 4. British Virgin Islands ..... | <input type="checkbox"/> | 8. Nevis .....      | <input type="checkbox"/> | 12. St. Kitts .....      | <input type="checkbox"/> |                       |                          |

**F. PLEASE INDICATE WHAT MARKETING SERVICES YOU PROVIDE:**

- |   |                          |  |                          |
|---|--------------------------|--|--------------------------|
| 1. Itinerary Planning .....             | <input type="checkbox"/> | 5. Visual Aids (Slides, posters, point of purchase displays, videos, etc)..... | <input type="checkbox"/> |
| 2. Overseas Sales Staff .....           | <input type="checkbox"/> | 6. 24 Hour Operations .....  | <input type="checkbox"/> |
| 3. Multiple Language Brochure (s) ..... | <input type="checkbox"/> |  |                          |
| 4. Multiple Language Staff .....        | <input type="checkbox"/> |  |                          |

**G. WHAT IS THE SIZE OF YOUR ORGANIZATION IN US DOLLARS?**

- |                                  |                          |                                    |                          |
|----------------------------------|--------------------------|------------------------------------|--------------------------|
| 1. Under \$250,000 .....         | <input type="checkbox"/> | 4. \$1,000,000 – \$3,000,000 ..... | <input type="checkbox"/> |
| 2. \$250,000 – \$500,000 .....   | <input type="checkbox"/> | 5. \$3,000,000 – \$5,000,000 ..... | <input type="checkbox"/> |
| 3. \$500,000 – \$1,000,000 ..... | <input type="checkbox"/> | 6. Over \$5,000,000 .....          | <input type="checkbox"/> |

**H. HOW MANY CLIENTS DO YOU TYPICALLY HANDLE PER YEAR?**

- |                        |                          |                         |                          |
|------------------------|--------------------------|-------------------------|--------------------------|
| 1. Under 250 .....     | <input type="checkbox"/> | 5. 3,001- 5,000 .....   | <input type="checkbox"/> |
| 2. 251- 500 .....      | <input type="checkbox"/> | 6. 5,001 – 10,000 ..... | <input type="checkbox"/> |
| 3. 501 – 1,000 .....   | <input type="checkbox"/> | 7. over 10,000 .....    | <input type="checkbox"/> |
| 4. 1,001 – 3,000 ..... | <input type="checkbox"/> |                         |                          |

PLEASE FAX YOUR COMPLETED REGISTRATION FORM TO THE SMART FAX NUMBER:

**599-542-0107**

## SMART 2011 SUPPLIER REGISTRATION & BOOTH INFORMATION

Supplier Early Bird Registration Fee is US\$310.00 if registered on or before April 30. After April 30, the Fee is US\$410.00. Registration Fee includes 1 delegate; 1 tabletop and signage; listing in the Official Directory of Participants and on the Electronic Directory; 1 set of Appointments (maximum 36) during SMART; attendance to all food and social functions. Full payment must be received with your registration form in order to process. Tabletop sharing by different companies is not allowed. Additional delegate fee is US\$175.00.

_____ Tabletop at US\$310.00 per tabletop (on or April 30)	Total US\$ _____
_____ Tabletop at US\$410.00 per tabletop (after April 30)	Total US\$ _____
_____ Additional delegates at US\$ 175.00 per delegate	Total US\$ _____
_____ Non-Member US\$495.00 (after April 30) *	Total US\$ _____
_____ \$175 for Small Hotel Members before April 30	Total US\$ _____
_____ \$235 for Small Hotel Members after April 30	Total US\$ _____
	Total US\$ _____
	Total Enclosed US\$ _____

\* Companies who are not members of SHTA/AHSM and are based on St. Maarten/St. Martin will be considered for registration after April 30th subject to availability at the rate of US\$495.00 per tabletop. Additional delegates are available at US\$175.00 per delegate.

**SPECIAL TABLETOP LOCATION REQUEST:** No backdrops are provided for the tabletop. Should you require a backdrop to place materials, please indicate so in this area. Backdrop spaces are limited, therefore requests will be considered on a first-received basis.

**ROOMING INFORMATION:** Hotel accommodations are US\$149.00 per night. These NET rates are non commissionable rates and are based on single or double occupancy and are subject to 5% government tax and 15% hotel service charge. There will be a \$5.00 per room per day charge added to the above rates that includes the following: in room coffee, in room safe, unlimited local calls, use of the beach chairs and beach towels, unlimited use of the health club. Prices are in USD. Reservations can also be made by calling the hotel reservations desk at +599 543 6700.

Payment MUST accompany Registration form. Please make all checks payable in U.S. funds and drawn on a U.S. bank to: the St. Maarten Hospitality & Trade (SHTA) 33a WJA Nisbeth Road, Philipsburg, St. Maarten, Netherlands Antilles  
Telephone: 599-542-0108 Fax: 599-542-0107

Form of Payment:  CHECK# \_\_\_\_\_  Visa  MasterCard

Cardholder's Name: \_\_\_\_\_ Card Number: \_\_\_\_\_

Expiration date: \_\_\_\_\_ Signature: \_\_\_\_\_

### TERMS & CONDITIONS:

1. The Applicant understands that all arrangements and/or changes must be submitted in writing.
2. The Applicant shall release the host hotels, SMART, the SHTA, the AHSM and its agents, consultants, and employees from all claims, expenses or liabilities arising from any injury or damage to the Applicant, his employee or agent or to the property of the Applicant occurring on the host property or approaches thereto.
3. If SMART should be cancelled for any cause such as act of God, war, government action or order, building problem, weather, labor dispute, etc., SMART's liability shall be limited to the refund of participation fees.
4. The Applicant shall be liable for any damage caused to the building, floors, glass, walls, columns or furniture.
5. SMART shall not be responsible for loss of, or damage to the Applicant's property due to explosions, acts of God, thefts, fires or any other legitimate condition beyond its control.
6. The Applicant understands that his presence is required at all official functions.
7. The Applicant understands that hospitality suites and functions shall not be open during officially scheduled sessions or functions. Organizations must register hospitality suites and functions with SMART management.
8. The Applicant understands that the information contained in the conference material constitutes part of the registration contract, and agrees to conform to all guidelines.
9. SMART shall have full power to interpret and amend these guidelines which in its discretion shall be in the best interest of the conference.
10. The Applicant shall not take part in non - SMART functions which would preclude his attendance at all scheduled activities.
11. The Applicant shall not participate in familiarization trips sponsored and supported by companies and organizations not registered for SMART.
12. By completing and submitting this Application for Registration, the Applicant understands that participation must be confirmed in writing by SMART before registration is granted. The Application for Registration is not an offer and participation in the conference may be restricted or cancelled by SMART for any reason.
13. Cancellations/Refund. Cancellations received 30 days prior to the event April 25, 2011 will receive full reimbursement of registration fees, less a US\$50 processing fee. Cancellations received after April 25, 2011 are not eligible for a refund.

### IMPORTANT DATES TO REMEMBER:

MAY 6, 2011 – Deadline for Inclusion in Delegate Directory

MAY 11, 2011 – Appointment Request Form Deadline

As a participant of SMART 2011, you and your organization agree to comply with the Terms & Conditions published in this Application. No arrangements other than those contained herein shall be binding upon the parties, unless requests are made in writing and approved by SMART management.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Smart 2011 is the project of the St. Maarten Hospitality & Trade Association (SHTA) and the Association des Hôtelières de St. Martin (AHSM) with the sponsorship of the St. Maarten Tourist Bureau and the Office de Tourisme de St. Martin.

PLEASE FAX YOUR COMPLETED REGISTRATION FORM TO THE SMART FAX NUMBER:

599-542-0107