



SAINT MARTIN / SINT MAARTEN ANNUAL REGIONAL TRADESHOW



## ST. MAARTEN / ST. MARTIN ANNUAL REGIONAL TRADESHOW APRIL 08 – 11, 2024

### GENERAL INFORMATION

The Sint Maarten Tourism Bureau, the St. Maarten Hospitality & Trade Association, l'Office du Tourisme de Saint-Martin and le Club du Tourisme de Saint-Martin present SMART 2024. The event provides pre-scheduled appointment sessions and activities where Wholesalers and Tour Operators can meet and conduct business with Suppliers in the tourism industry.

Previous SMART editions featured suppliers from the other Islands of the North Eastern Caribbean Region. These include Anguilla, Antigua, Aruba, Barbados, Barbuda, British Virgin Islands, Curacao, Dominica, Dominican Republic, Guadeloupe, Montserrat, Saba, St. Eustatius, St. Barthelemy, St. Kitts & Nevis, St. Maarten-St. Martin as well as South America. Operators can meet and conduct business with Suppliers in the tourism industry.

### PRELIMINARY SCHEDULE OF EVENTS:

#### April 08, 2024

- Registration and Grand Opening Ceremony

#### April 09, 2024

- 1<sup>st</sup> series of business-to-business (half day)
- Lunch and Activities

#### April 10, 2024

- Full day of business-to-business day
- Caribbean Dinner Event

#### April 11, 2024

- Explore the island day
- Meet the Manager Evening

**This schedule may be subject to change.**

PLEASE SEND YOUR COMPLETED REGISTRATION FORM TO [EVENTS@SHTA.COM](mailto:EVENTS@SHTA.COM)

VENDOR REGISTRATION

# Application to Register

## SMART 2024 – Vendor

### 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, Dutch Caribbean, Telephone: +1 (721) 542-0108; email: events@shta.com

The address in Address Block will be used on all printed materials including indexes in the Official Directory of Participants, and name badge credentials.

### ADDRESS BLOCK:

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

Address \_\_\_\_\_

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

Phone \_\_\_\_\_

(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: \_\_\_\_\_

### DELEGATE NUMBER TWO:

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

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

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

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

If you wish to register more than two delegates, please

### DELEGATE NUMBER THREE:

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

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

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

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

### DELEGATE NUMBER FOUR:

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

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

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

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

## SMART 2024 VENDOR REGISTRATION

Vendor Early Bird Registration Fee for SHTA/AHSM Members is US\$399, Non-Members US\$499.00 if registered on or before February 29, 2024. After March 1, SHTA/ Club du Tourisme Member Fee is US\$499.00, Non-Members US\$600.00. The Registration Fee allows you to showcase the products and/or service that your company provides and attendance to various food and social functions. Full payment must be received with Registration to process. Additional delegate fee is US\$175.00

_____ SHTA/ Club du Tourisme Members Tabletop Early Bird fee (Before February 29) at US\$399.00	Total US\$ _____
_____ SHTA/ Club du Tourisme Members Tabletop fee (After March 1) at US\$499.00	Total US\$ _____
_____ Non-Member Tabletop Early Bird fee (Before February 29) at US\$499.00	Total US\$ _____
_____ Non-Member Tabletop fee (After March 1) at US\$599.00	Total US\$ _____
_____ Additional delegate(s) US\$175.00	Total US\$ _____

Total Enclosed US\$ \_\_\_\_\_

Payment must accompany registration form. Please make a wire transfer to Republic Bank St. Maarten N.V. Acct.#970100128414 USD Swift No. RBNKSXSM) Bank Address: Company name: SHTA Address: 33a WJA Nisbeth Road, Philipsburg, St. Maarten, Dutch Caribbean. Telephone: +1 (721) 542-0108.

If you wish to pay with a credit card, please see below this form the Credit Card Authorization form.

### TERMS & CONDITIONS:

11. The Applicant understands that all arrangements and/or changes must be submitted in writing.
2. The Applicant shall release the host hotels, SMART 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 Marcg 9, 2024 will receive full reimbursement of registration fees, less a US\$50 processing fee. Cancellations received after March 9, 2024 are not eligible for a refund.

As a participant of SMART 2024, 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 2024 is the project of the St. Maarten Hospitality & Trade Association (SHTA) and the Association des Hôtelières de St. Martin (AHSM) with the sponsorship of and the St. Maarten Tourist Bureau and the Saint-Martin Tourism Office.

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**St. Maarten Hospitality & Trade Association (SHTA)**  
**33a WJA Nisbeth Rd, Philipsburg, St. Maarten**  
**[accounting@shta.com](mailto:accounting@shta.com)**

**Tel: +1(721)542-0108**

**CREDIT CARD AUTHORIZATION FORM(No AMEX accepted)**

<b>MEMBERSHIP DUES</b>	<input type="checkbox"/>	<b>SMILE</b>	<input type="checkbox"/>
<b>AUCTION ITEM</b>	<input type="checkbox"/>	<b>SMART</b>	<input type="checkbox"/>
<b>CRYSTAL PINEAPPLE AWARDS</b>	<input type="checkbox"/>	<b>OTHER</b>	<input type="checkbox"/>

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

**NAME:** \_\_\_\_\_

**CREDIT CARD NO.:** \_\_\_\_\_ **EXP. DATE:** \_\_\_\_\_

**ACTUAL NAME ON CREDIT CARD:** \_\_\_\_\_

**TOTAL AMOUNT US\$:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_

**ZIP CODE:** \_\_\_\_\_ **COUNTRY:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

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

**DETAILS:** \_\_\_\_\_

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**PLEASE COMPLETE AND SCAN TO THE ST. MAARTEN HOSPITALITY & TRADE ASSOCIATION. YOUR SIGNATURE ABOVE AUTHORIZES THE SHTA TO CHARGE YOUR CREDIT CARD FOR THE ABOVE MENTIONED AMOUNT.**