



**EXCLUSIVE ROOM REGISTRATION AGREEMENT
FOR PREMIUM SPIRIT EXHIBITORS
For the Sun WineFest '08 at Mohegan Sun
January 19-20, 2008**

I. Exhibitor Information

Company _____		Title/Position _____		
First Name _____		Last Name _____		
Address _____	City _____	State _____	Zip _____	Email _____
Telephone _____	Cell Phone _____	Fax _____		
Alternate Contact Name _____		Telephone _____	Cell Phone _____	

II. Exhibitor Category and Booth Space: Producer _____ Distributor _____

Exclusive Room to Exhibit Spirits **\$7,500.00** _____
Exclusive room will allow exhibitor to merchandise and theme their environment (depending on the set up, the room will hold a minimum of 8 tables).

III. Please complete Inventory Sheet for all spirits served in your room (see attached).

IV. This agreement must be accompanied by two Certificates of General Liability Insurance:
A Certificate of General Liability must name Marketing Resource Consultants at 280 Trumbull Street, 21st Floor, Hartford, CT 06103 and an additional Certificate of General Liability must name Mohegan Sun at 1 Mohegan Sun Boulevard, Uncasville, CT 06382 as the Certificate Holders. Both certificates need to be in the amount of 1,000,000/2,000,000 minimum liability coverage.

- V. As an Exclusive Room Exhibitor you will receive the following:**
- Prominent signage for your company and brands at the entrance of your room
 - Logo, 100-word description & spirits listed in the Official Show Guide
 - Logo, 100-word description & spirits listed in Hartford Magazine Supplement (January 08 issue)
 - ¼ page-ad in Home Living Connecticut & CT Business Magazine
 - Link to your website on sunwinefest.com
 - Eight credentials, complimentary breakfast buffet for eight on Saturday & Sunday
 - Eight Grand Tasting weekend passes
 - Two complimentary room nights at Exhibitor Host Hotel
 - Tables, linens, rinse buckets, ice, cleaning services & standard 500-watt electric service

VI. Payment Information
Make checks payable to Marketing Resource Consultants, Inc., and mail along with a signed copy of this form to:
Attn: Sun WineFest, 280 Trumbull Street, 21st Floor, Hartford, CT 06103.

Credit Card: MC___ VISA___ AMEX___

Credit Card # _____ Expiration Date _____

Name as it appears on card _____

PLEASE SIGN THE ATTACHED CONTRACT RULES & FAX IT BACK TO 860-241-0255. For questions, email awalsdorf@mrcworld.com, call Amy Walsdorf at 860-728-5700 ext. 39 or Vicky Cirilli at 860-874-7742.



INVENTORY SHEET

Please list spirits to be showcased in your exclusive room, if you need more space print additional sheet(s).
These spirits will be featured in the Official Catalog & Hartford Magazine Supplement.

Registered Name _____ Marketing Name _____ # of Tables _____

PLEASE NOTE: Your Marketing name will be the name that appears on all of your collateral marketing materials to include – identification signage for your room, official catalog and SWF '08 supplement in January issue of Hartford Magazine.

	Producer	Distributor	Product Name	Age & Finish	Retail \$	# of Cases
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						

Very Important: If you do not have your spirits selected when you register – please hold onto this sheet and fill it out once you have determined your selections. Do not wait to register as we limit space to insure a successful show.

INVENTORY SHEETS ARE DUE BY OCTOBER 1, 2007