

WTSA ROOM BLOCK AGREEMENT

Each valued WTSA exhibitor must sign this Room Block Agreement, acknowledging that, if reserving 4 or more rooms at the Broadmoor, your company will provide the WTSA with a Rooming list, including names of staff attending the WTSA meeting along with their arrival and departure dates. Full terms and conditions are described below; please submit this signed Agreement with your Exhibit Space Application.

PLEASE NOTE The WTSA will not be making reservations on your behalf, and companies should be making their own arrangements through the online reservation system.

If you are reserving 4 or more rooms, the WTSA will require your Exhibitor Rooming List (on the next page) no later than **May 19, 2017**.

The number of room nights you have blocked after **May 19, 2017** will be considered your Final Room Block by the hotel. Any reservations without individual names will be dropped from your Final Room Block on June 2, 2017. The Broadmoor will accept name and date changes, based on availability, until your arrival date. Should any changes made after May 19, 2017 (including cancellations) result in a reduction of overall room nights in your Final Room Block, the WTSA will, at the conclusion of the meeting, charge your company for any attrition penalties, equal to the hotel's lost revenue from those reduced nights' room and tax.

On behalf of my company, **should my company reserve 4 or more rooms at the WTSA headquarters hotel** (the Broadmoor), I agree to abide by these terms and conditions and adhere to the deadlines set forth in this agreement, and further acknowledge that:

- My company will arrange for its own reservations at the headquarters hotel directly;
- My company will submit a Rooming list to the WTSA by May 19, 2017; and
- Any changes and/or cancellations received after May 19, 2017, leading to a reduction of overall room nights in my company's Final Room Block will result in a charge from the WTSA equal to the hotel's lost revenue from those reduced nights' room and tax.

Exhibiting Company: _____

Contact Name: _____

Signature: _____

Date: _____

Please return this form to:
WTSA
500 Cummings Center, Suite 4400
Beverly, MA 01915
978.927.8330
Secure Fax: 978.524.0461