HSCG Vendor Members are given certain conference benefits. Due to the popularity of the HSCG Annual Conference, and the possibility of sell-out situations, the following policies are established to ensure equity and fairness in administering the Vendor benefits at the HSCG Annual Conference.

**Conference Benefits**

Conference benefits for Vendor Members are based on the level of membership, and are as follows:

**Tier 1 Vendor Member**
- Platinum sponsorship
- 50% discount on any higher level of sponsorship.

**Tier 2 Vendor Member**
- Silver sponsorship
- 50% discount on any higher level of sponsorship

**Tier 3 Vendor Membership**
- 25% discount on any sponsorship level

**Restrictions**

Conference Vendor Benefits are subject to the following restrictions:

- Any registrations or vendor tables provided to a Vendor Member as part of their benefits and/or sponsorship level are non-transferrable and must be used by a direct employee of the Vendor Member’s company.
- Benefits are for the current year’s conference only and may not be held for or accrue to a future year.
- When there are two or more conferences held in one year (e.g. a US conference and a Canada conference), the Vendor member may choose which conference their sponsorship level will be applied to; it may be used for one one conference per year.

**Use of Conference Benefits**

*Use of the Conference benefits is optional, not automatic.* When a Vendor Member intends to use some or all of their conference benefits, they must:
1) Complete the “Intent to Use Conference Benefits” form for the appropriate membership level. The forms are attached to this policy and are also available on the HSCG website. The form must be emailed, faxed or mailed to the HSCG office by the cutoff date.

Handcrafted Soap & Cosmetic Guild  
184 Edie Ave, Suite A  
Saratoga Springs, NY 12866  
Fax: (518) 306-6935  
Email: conference@soapguild.org

2) Forms MUST be received by November 30th for the upcoming conference, and must specify exactly which benefits the Vendor Member intends to use.

VENDOR MEMBERS JOINING AFTER NOVEMBER 30TH

When a new Vendor Member joins the HSCG after the November 30th, they may be afforded additional time to apply for their conference benefits under the following conditions:

1) If the join date is between December 1st and February 28th, the Vendor shall have 14 days to turn in the “Intent to Use Conference Benefits Form”.

2) If the join date is between March 1st and the Conference date, the Vendor must turn in the “Intent to Use Conference Benefits Form” within 48 hours of joining.

In either case, benefits shall be given on the basis of availability.

INTENT

It is the intent of the HSCG to fully accommodate the Vendor Members at the Conference. Every effort will be made to find space for both attendees and exhibitors. Vendors must note, however, that the closer to the date of the conference, the less likely it is that space will be available.

Approved October 7, 2013  
by the Board of Directors

History:
October 7, 2013 (v1) Original publication date  
May 4, 2018 (v2) Updated to assign sponsorship and discount levels for all Vendor members, update address, revise forms and reformat.
Conference Vendor Benefits - Attachment #1, Tier 1

Vendor Tier 1

Notice of Intent to Use
Conference Vendor Benefits

Instructions: This form must be submitted by November 30th preceding the Conference (i.e., by November 30, 2017, for the 2018 Conference). Tier 1 Vendor Members joining or upgrading after November 30 but before the conference must submit this form on the schedule outlined in the HSCG Policy Annual Conference Vendor Member Benefits.

Vendor Company Name: ____________________________________________

Vendor Contact Person: ____________________________________________

Email: ____________________________ Phone: _______________________

Conference Selection

We □ DO □ DO NOT intend to use our Conference Vendor Benefits at the:

☐ US Conference ☐ Canada Conference Year: _____________

Exhibitor Table

We □ DO □ DO NOT intend to take advantage of our complimentary EXHIBITOR SPACE. We need:

☐ 1 table  ☐ 2 tables

Attendee Registration Ticket

We will be sending □ NO PEOPLE □ 1 PERSON □ 2 PEOPLE to the Conference.

PERSON #1 - The registration ticket(s) should be for:

Name: _______________________________ Phone: ___________________

Address: _______________________________________________________________________________________

City ___________________ State: ___________ Zip: ____________

Email: ____________________________________________________________

Phone: _________________________________

Meal Preference: □ Regular □ Vegetarian □ Vegan □ Gluten Free
PERSON #2 - The registration ticket(s) should be for:

Name: ____________________________ Phone: _______________________

Address: _________________________________________________________

City _______________________ State: _______ Zip: __________

Email: ____________________________________________________________

Phone: ____________________________________________________________

Meal Preference:  □ Regular  □ Vegetarian  □ Vegan  □ Gluten Free

PROGRAM BOOK AD

We □ WILL  □ WILL NOT be providing a FULL PAGE ad for the Conference Program Book.

(Ads must be provided by the cutoff date assigned by the Conference Director, usually about 10 weeks prior to the conference.)

CONFIRMATION

Signature ______________________________

Print Name ______________________________

Date: __________________

Email, fax or mail the completed form to the HSCG Office:

Handcrafted Soap & Cosmetic Guild
184 Edie Ave, Suite A
Saratoga Springs, NY 12866
Fax: (518) 306-6935
Email: conference@soapguild.org
Vendor Tier 2

Notice of Intent to Use
Conference Vendor Benefits

Instructions: This form must be submitted by November 30th preceding the Conference (ie by November 30, 2017 for the 2018 Conference). Tier 1 Vendor Members joining or upgrading after November 30, but before the conference must submit this form on the schedule outlined in the HSCG Policy Annual Conference Vendor Member Benefits.

Vendor Company Name: ______________________________________________

Vendor Contact Person: ______________________________________________

Email: _________________________________ Phone: ___________________

Conference Selection

We □ DO □ DO NOT intend to use our Conference Vendor Benefits at the:

□ US Conference □ Canada Conference Year: __________

Exhibitor Table

We □ DO □ DO NOT intend to take advantage of our complimentary EXHIBITOR SPACE with ONE table.

Attendee Registration Ticket

We will be sending □ NO PEOPLE □ 1 PERSON to the Conference.

PERSON #1 - The registration ticket(s) should be for:

Name: __________________________________ Phone: ______________________

Address: __________________________________________________________

City ______________________ State: ________ Zip: ___________

Email: ____________________________________________________________

Phone: _________________________________

Meal Preference: □ Regular □ Vegetarian □ Vegan □ Gluten Free
Program Book Ad

We □ WILL □ WILL NOT be providing a HALF PAGE ad for the Conference Program Book.

(Ads must be provided by the cutoff date assigned by the Conference Director, usually about 10 weeks prior to the conference.)

Confirmation

Signature _________________________________________________

Print Name ________________________________________________

Date: _________________

Email, fax or mail the completed form to the HSCG Office:

Handcrafted Soap & Cosmetic Guild
184 Edie Ave, Suite A
Saratoga Springs, NY 12866
Fax: (518) 306-6935
Email: conference@soapguild.org