



## REGISTRATION INFORMATION FORM

Please indicate which destinations you would like to register to:

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Caesars Windsor

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Las Vegas, Reno/Tahoe, Tunica, Bossier City, New Orleans, Biloxi, Council Bluffs, North Kansas City, St. Louis, Southern Indiana, and Atlantic City Destinations

**Travel Agent Email Address:** \_\_\_\_\_

### Travel Agents within the United States:

*Please complete the following and return via fax to: **1 (702) 788-9420** or send via email to [HarrahsTACommissions@Caesars.com](mailto:HarrahsTACommissions@Caesars.com)*

- Registration information form with destinations marked for registration
- W-9 (Domestic)
- Attached fax cover sheet

**Please DO NOT submit social security number on the attached W-9 form.**

### Travel Agents located outside the Domestic United States:

*Please complete the following and return via fax to: **00 1 (702) 788-9420** or send via email to [TravelAgentRegistrationandSupport@Caesars.com](mailto:TravelAgentRegistrationandSupport@Caesars.com)*

- Registration information form with destinations marked for registration
- W8-ECI (International)
- International Travel Agent Information form
- Attached fax cover sheet

### For any questions regarding registration or commissions:

Las Vegas, Reno/Tahoe, Tunica, Bossier City, New Orleans, Biloxi, Council Bluffs, North Kansas City, St. Louis, Southern Indiana, and Atlantic City Destinations

- Phone: (866) 574-7858
- E-mail: [HarrahsTACommissions@Caesars.com](mailto:HarrahsTACommissions@Caesars.com)

Caesars Windsor Destination

- Phone: (800) 991-8888 Email: [VipService@Caesarswindsor.com](mailto:VipService@Caesarswindsor.com)

**Certificate of Foreign Person's Claim That Income Is  
Effectively Connected With the Conduct of a Trade or  
Business in the United States**

OMB No. 1545-1621

► Section references are to the Internal Revenue Code.

► Information about Form W-8ECI and its separate instructions is at [www.irs.gov/formw8eci](http://www.irs.gov/formw8eci).

► Give this form to the withholding agent or payer. Do not send to the IRS.

**Note.** Persons submitting this form must file an annual U.S. income tax return to report income claimed to be effectively connected with a U.S. trade or business (see instructions).**Do not use this form for:****Instead, use Form:**

- A beneficial owner solely claiming foreign status or treaty benefits . . . . . W-8BEN or W-8BEN-E
- A foreign government, international organization, foreign central bank of issue, foreign tax-exempt organization, foreign private foundation, or government of a U.S. possession claiming the applicability of section(s) 115(2), 501(c), 892, 895, or 1443(b) . . . . . W-8EXP

**Note.** These entities should use Form W-8ECI if they received effectively connected income and are not eligible to claim an exemption for chapter 3 or 4 purposes on Form W-8EXP.

- A foreign partnership or a foreign trust (unless claiming an exemption from U.S. withholding on income effectively connected with the conduct of a trade or business in the United States) . . . . . W-8BEN-E or W-8IMY

- A person acting as an intermediary . . . . . W-8IMY

**Note.** See instructions for additional exceptions.**Part I Identification of Beneficial Owner** (see instructions.)

<b>1</b> Name of individual or organization that is the beneficial owner	<b>2</b> Country of incorporation or organization
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<b>3</b> Name of disregarded entity receiving the payments (if applicable)
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<b>4</b> Type of entity (check the appropriate box):	<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation
<input type="checkbox"/> Partnership	<input type="checkbox"/> Simple trust	<input type="checkbox"/> Complex trust
<input type="checkbox"/> Government	<input type="checkbox"/> Grantor trust	<input type="checkbox"/> Estate
<input type="checkbox"/> Private foundation	<input type="checkbox"/> International organization	<input type="checkbox"/> Central bank of issue
		<input type="checkbox"/> Tax-exempt organization

<b>5</b> Permanent residence address (street, apt. or suite no., or rural route). <b>Do not use a P.O. box or in-care-of address.</b>
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City or town, state or province. Include postal code where appropriate.

Country

<b>6</b> Business address in the United States (street, apt. or suite no., or rural route). <b>Do not use a P.O. box or in-care-of address.</b>
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City or town, state, and ZIP code

<b>7</b> U.S. taxpayer identification number (required—see instructions)	<b>8</b> Foreign tax identifying number
<input type="checkbox"/> SSN or ITIN <input type="checkbox"/> EIN	

<b>9</b> Reference number(s) (see instructions)	<b>10</b> Date of birth (MM-DD-YYYY)
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<b>11</b> Specify each item of income that is, or is expected to be, received from the payer that is effectively connected with the conduct of a trade or business in the United States. (attach statement if necessary)
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**Part II Certification**

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- I am the beneficial owner (or I am authorized to sign for the beneficial owner) of all the payments to which this form relates,
- The amounts for which this certification is provided are effectively connected with the conduct of a trade or business in the United States,
- The income for which this form was provided is includible in my gross income (or the beneficial owner's gross income) for the taxable year, **and**
- The beneficial owner is not a U.S. person.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the payments of which I am the beneficial owner or any withholding agent that can disburse or make payments of the amounts of which I am the beneficial owner.

**I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.****Sign  
Here**

Signature of beneficial owner (or individual authorized to sign for the beneficial owner)

Print name

Date (MM-DD-YYYY)

☐ I certify that I have the capacity to sign for the person identified on line 1 of this form.



## INTERNATIONAL TRAVEL AGENT INFORMATION (OUTSIDE THE UNITED STATES)

IATA # / TRAVEL AGENT #: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

TRADING AS: \_\_\_\_\_

LEGAL NAME: \_\_\_\_\_

ADDRESS 1: \_\_\_\_\_

ADDRESS 2: \_\_\_\_\_

CITY: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

PROVINCE: \_\_\_\_\_

COUNTRY: \_\_\_\_\_

2 DIGIT COUNTRY CODE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## FAX COVER SHEET

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

FROM: \_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

TO: CAESARS ENTERTAINMENT TRAVEL AGENT DEPARTMENT

FAX: 00 1 (702) 788-9420

PAGES: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

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PLEASE FAX COMPLETED W-ECI FORM INCLUDING YOUR TAX ID# (IF APPLICABLE)

TO: 001 (702) 788-9420