

# EXHIBIT BOOTH AGREEMENT

**\*SPACE IS LIMITED\* Deadline for submitting completed agreement and payment is September 1, 2017.**

Contact \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

## EXHIBITOR FEE:

Per booth: \$500 Non-TACFS Member / \$400 TACFS Member

*Conference registration is not included in booth price unless sponsorship is designated.*

## Included with Booth:

- One 6-foot-long table, 2 chairs
- Dedicated exhibit hall time with refreshments
- Additional items available on request at additional cost (TACFS will send hotel order form separately).

## AGREEMENT TERMS:

By registering for a booth, Exhibitors shall be fully responsible to pay for any and all damages to property owned by the Hotel, its owners or managers which resulted from any act or omission by the Exhibitor. Exhibitors agree to defend, indemnify and hold harmless the Hotel, its owners, managers, officers or directors, agents, employees, subsidiaries, and affiliates from any damages or charges resulting from or arising from or out of or by reason of any accident or bodily injury or other occurrences to any person or persons, including the Exhibitor, its agents, employees and business invitees which arise from or out of Exhibitor's occupancy and/or use of the exhibition premises, the Hotel, or any part thereof. The Exhibitor understands that the Hotel does not maintain insurance covering the Exhibitor's property and that it is the sole responsibility of the Exhibitor to obtain such insurance. TACFS reserves the right to assign booth spaces.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

## PAYMENT INSTRUCTIONS:

- Make checks payable to: Texas Alliance of Child and Family Services
- Mail checks and completed agreement to: TACFS, 409 West 13th Street, Austin, TX 78701, or fax to (512) 892-6977

**Credit Card Payments:** Please complete all information below.

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address of Card: \_\_\_\_\_

City, State, Zip of Card: \_\_\_\_\_