



26th Annual Conference on the Management of Adult Sex Offenders and Juveniles Who Commit Sexual Offenses

EXHIBITOR REGISTRATION FORM

Complete this Form and Fax in by: February 9, 2018
Fax: 866.219.7008 / www.txcsotconference.com

EXHIBITING (PLEASE CHECK ONE)

- Commercial Exhibitor \$125.00 Non-profit Exhibitor \$75.00
*Does not include conference registration.

SPONSORSHIP & ADVERTISING:

Space assignments will be made on a first-come, first-served basis.
NO REFUNDS WILL BE AVAILABLE. See website for details.

- Sponsorship \$500.00 1/2 Page Advertisement \$175.00
 Registration Giveaway \$300.00 1/3 Page Advertisement \$150.00
 Full Page Advertisement \$300.00 1/4 Page Advertisement \$125.00
 2/3 Page Advertisement \$200.00

Company: _____
(Please use the name to be presented on the identification sign on-site, if exhibiting.)

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Title: _____

Phone: _____ Fax: _____

Email: _____

Product/Service to be Displayed: _____

Total Exhibit Spaces Requested: _____ Exhibitor Badges Requested: _____

For each exhibit, two complimentary exhibitor name badges will be issued. **Additional name badges may be purchased for \$25.00 per person.** Badges are for identification purposes and must be worn at all times in the exhibit area.

Name for Badge: _____

Title: _____

Name for Badge: _____

Title: _____

Additional Name Badge (\$25): _____

Title: _____

Additional Name Badge (\$25): _____

Title: _____

HOLD HARMLESS CLAUSE: The exhibitor assumes the entire responsibility and liability for losses, damage and claims arriving out of injury or damage to exhibitor's displays, equipment and other property brought upon the premises of the Galveston Island Convention Center and shall indemnify and hold harmless Swift Solutions, the Council on Sex Offender Treatment, and Galveston Island Convention Center agents and employees from any and all such losses, damage and claims.

MAIL TO: CSOT Conference

c/o Swift Solutions / P.O. Box 150790 /
Austin, Texas 78715

FAX TO: 866.219.7008

Questions? Call: 877.451.8700

Email: info@swift-solutions.org

PAYMENT: \$ _____

Full payment must be received by
February 19, 2018.

Select one of the following:

Check Enclosed:
Payable to Swift Solutions

Purchase Order/Voucher:

PO/PV #: _____

Contact: _____

Phone: _____

Credit Card

American Express

VISA

MasterCard

CC# _____

Exp. Date: _____

CV (Security) Code: _____

Billing Zip Code: _____

Cardholder Name (PRINT):

Signature:

