



27th 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 11, 2019
Fax: 866.219.7008 / www.txcsotconference.com

EXHIBITING (PLEASE CHECK ONE)

- Commercial Exhibitor \$150.00* Non-profit Exhibitor \$100.00*
*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 Wyndham San Antonio Riverwalk and shall indemnify and hold harmless Swift Solutions, the Council on Sex Offender Treatment, and Wyndham San Antonio Riverwalk 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 11, 2019.

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:
