



**9<sup>th</sup> Annual  
Protecting Texas Children Conference  
Exhibit Information**

The Children's Assessment Center (CAC) invites you to showcase your organization as an exhibitor at the 9<sup>th</sup> Annual **Protecting Texas Children Conference** to be held Monday, October 1 thru Wednesday, October 3, 2007. The Conference will be held at the Renaissance Houston Hotel – Greenway Plaza, 6 Greenway Plaza, Houston, Texas 77046. Agencies throughout Texas will attend this conference and we would like for you to display your services and products to the professionals who are associated with investigating, prosecuting, and delivering services to victims of child sexual abuse, child abuse prevention, and child fatalities. The exhibits will be located near the registration desk and break areas.

Exhibit set up and display will take place on Monday, October 1, 2007 – Tuesday, October 2, 2007 from 7:30 am – 5:00 pm and Wednesday, October 3, 2007 from 7:30 am-12 noon. All exhibits should be removed by 1:00 pm on Wednesday, October 3, 2007.

We look forward to you participating in this event. An exhibit registration form is enclosed. Please indicate your interest in participating by returning the form by **September 1, 2007**.

If you need additional information, please contact Karen Kennard at 713-986-3530, by e-mail at [karen.kennard@cac.hctx.net](mailto:karen.kennard@cac.hctx.net) or by visiting [www.cachouson.org](http://www.cachouson.org). We look forward to hearing from you and collaborating with you on this important initiative.



The Children's Assessment Center

## EXHIBITOR APPLICATION FORM

9<sup>th</sup> Annual

Protecting Texas Children Conference

Monday, October 1 - Wednesday, October 3, 2007

Renaissance Houston Hotel-Greenway Plaza

6 Greenway Plaza

Houston, Texas 77046

Exhibitor Registration Deadline: **September 1, 2007**

Exhibitor/Company Name Representative: \_\_\_\_\_

Exhibitor/Company Company/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: Day:(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Describe type of organization/business and materials to be displayed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Exhibit Fees:

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#### Three Days

#### Cost

		<u>Non-profit</u>	<u>For profit</u>
_____ We plan to participate on:	Monday, October 1, 2007	\$200.00	\$250.00
	thru		
	Wednesday, October 3, 2007		

#### One Day

_____ We plan to participate on:	___ Monday, October 1, 2007	\$150.00	\$200.00
	___ Tuesday, October 2, 2007		
	___ Tuesday, October 2, 2007		

Exhibit Space Includes:

(1) 6'-8' Table

(2) Chairs

\_\_\_\_\_ Electrical Outlet Needed  
Please bring your own extension cord.

**Method of Payment:** Payment must accompany registration.

A check for \$ \_\_\_\_\_ is enclosed.  
Make check payable to ***The Children's Assessment Center.***

Charge credit card:  Master Card  Visa  American Express

Card No. \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Card Holder (PRINT): \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Regulations for Exhibit: All exhibit Application Forms will be reviewed for approval by The CAC Conference planning committee. If an application is accepted, the exhibitor will receive one skirted table with a chair, name badge, one meal ticket for 10/1/07, refreshments and conference folder. The exhibitor is responsible for securing the content of their exhibit. Acceptance of an exhibitors application does not constitute The CAC or any other sponsors endorsement of any company's/organization's products, goods, or services. The exhibitor is responsible for all federal, sales, and local laws regarding sales tax and laws that pertain to such sales. No food or beverages are to be sold or given as samples.

I understand that no space will be confirmed without this signed contract and payment in full. I have read and understand the enclosed exhibit regulations that are part of the terms of this contract, and agree to abide by them and any additional rules deemed necessary by the conference sponsor. No refunds for cancellation requests after August 31, 2007. Written cancellation requests received by August 31, 2007 will be honored. Refunds less a \$75 administrative fee will be returned 4 –6 weeks following the conference.

Contact Person  
(print): \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_ Title: \_\_\_\_\_

PLEASE RETURN THIS FORM TO:  
Karen Kennard,  
The Children Assessment Center  
2500 Bolsover, Houston, Texas 77005  
Telephone: 713-986-3530  
Fax: 713-986-3553