

# ***Texas Foreign Language Association***

**Annual Fall Conference 2019**

**October 17-19, 2019**

**Marriott Westchase, Houston, TX**

## **Exhibit Booth Purchase Form**

\_\_\_ I wish to purchase \_\_\_\_\_ booth(s) @ \$500 per booth.

A booth includes an 8x8" space, pipe & drape, table, 2 chairs, and an identification sign.

(If requesting more than three booths, additional booths are \$300 each, if available.)

\_\_\_ I wish to purchase \_\_\_\_\_ additional booths @ \$300 per booth.

**Total Cost: \$\_\_\_\_\_**

\_\_\_ I will need access to an electrical outlet at an additional fee (per PSAV).

<b>Name of Exhibitor:</b>	
<b>Exhibit Coordinator:</b>	
<b>Mailing Address</b>	<b>Street:</b>
City, State:	Zip:
<b>Phone:</b>	<b>Fax:</b>
<b>Email address:</b>	
<b>Representative(s) attending conference (include all attendees):</b>	
<b>Brief description of exhibit contents:</b>	

## TERMS AND CONDITIONS

1. Total payment must accompany form (checks only). *No refunds will be made unless written notice of cancellation is received at least **30 days prior** to the first day of the conference. A non-refundable **\$50.00 processing fee** will be charged.*
2. Exhibitor agrees to abide by the terms and conditions of the contracted display service and the conference hotel regarding shipping and handling of materials.
3. Exhibitor assumes the entire responsibility and liability for losses, damages, and claims arising out of exhibitors' activities on the hotel premises, and will indemnify, defend, and hold harmless the hotel, the Texas Foreign Language Association, hotel agents, servants, and employees from any and all such losses, damages, and claims. **The hotel and the Texas Foreign Language Association do not maintain insurance covering exhibitor's property/potential losses.**
4. All booths at the Marriott Westchase will be 10' x 10'. A table, 2 chairs and an identification sign will be standard equipment for the booth. The exhibit hall will be locked daily by hotel personnel at the close of exhibit hours. Security will be hired by TFLA to guard the premises during evening hours.

**Accepted by:**

**Exhibitor**

**Texas Foreign Language Association**

\_\_\_\_\_  
(Authorized Signature)

\_\_\_\_\_  
(Authorized Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date)

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**Conference Sponsorship Form**

\_\_\_ **We would be interested in sponsoring/co-sponsoring one of the TFLA Fall Conference activities:**

\_\_\_ Friday A.M. Coffee Break - \$750

\_\_\_ Saturday A.M. Continental  
Breakfast - \$1250

\_\_\_ Friday P.M. Coffee Break - \$750

\_\_\_ Friday Evening Reception - \$1250

\_\_\_ Saturday Luncheon - \$1500

**Conference Activity Sponsorship Total: \$\_\_\_\_\_**

\_\_\_ **We would like to donate small promotional items for participant hospitality bags.** Please briefly describe the items:

<b>Name of Sponsoring Organization:</b>	
<b>Sponsor Contact Name:</b>	
<b>Mailing Address</b>	<b>Street:</b>
City, State:	Zip:
<b>Phone:</b>	<b>Fax:</b>
<b>Email address:</b>	

Payment must accompany this form (checks only). Send the order form, ad copy, and payment to:

TFLA  
1315 Cherokee Dr.  
Richardson, TX 75080  
TFLA Tax ID No.: 74-19414-98

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**Conference Program Advertisement Form**

\_\_\_ **We would like to purchase an advertisement in the TFLA Fall Conference Program (8½ x 11 book).**

\_\_\_ Full Page - \$200

\_\_\_ Half Page - \$100

**Due Date:** Aug. 31, 2019. Ads will not be accepted after this deadline.

Ads should be **camera ready** and **in color** (program will be printed in color).

**Total advertisement cost:** \$ \_\_\_\_\_

Payment must accompany this form (checks only). Send the order form, ad copy, and payment to:

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1315 Cherokee Dr.  
Richardson, TX 75080

**Texas Foreign Language Association  
2019-20**

**General Sponsorship Form**

**We wish to support TFLA with a general sponsorship at one of these levels:**

Gold Tier - \$3500

Silver Tier - \$1500

Bronze Tier - \$750

Other - \$\_\_\_\_\_

Contributors will be recognized in the Fall Conference Program and other TFLA events.

<b>Name of Sponsoring Organization:</b>	
<b>Sponsor Contact Name:</b>	
<b>Mailing Address</b>	<b>Street:</b>
City, State:	Zip:
<b>Phone:</b>	<b>Fax:</b>
<b>Email address:</b>	

Payment must accompany this form (checks only). Send the form and payment to:

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