



TEXAS COMMUNITY COLLEGE TEACHERS ASSOCIATION

62nd Annual Convention — February 19-21, 2009

Renaissance Hotel — Austin, Texas

Contract For Exhibit Space

Under the terms set forth in the Information for Prospective Exhibitors, the undersigned reserves exhibit space and encloses a check in the amount of \$1,400 per space for the full amount of rental charge. It is specifically understood that cancellations will be accepted through November 30, 2008, and the amount of the rental fee, less \$100, will be refunded; and that no refunds will be made after that date. The exhibitor assumes the entire responsibility and liability for losses, costs, damages, and claims arising out of injury to persons or damages to exhibitor's displays, equipment, and other property brought upon the premises of the Renaissance Hotel; and the exhibitor agrees to indemnify, defend, and hold harmless the Texas Community College Teachers Association and the Renaissance Hotel, their owners, agents, directors, officers, servants, and employees, against all claims or expenses for all such losses, including reasonable attorney's fees, arising out of the use of the hotel facilities. The exhibitor understands that neither the Association nor the hotel maintains insurance covering the exhibitor's property or lost revenue, and it is the sole responsibility of the exhibitor to obtain such insurance. The exhibitor shall be fully responsible to pay for any and all damages to property owned by the Renaissance Hotel, its owners or managers, which results from any act of omission by exhibitor. The exhibitor agrees to abide by all rules, regulations, policies, ordinances, and laws promulgated by the Texas Community College Teachers Association, the Renaissance Hotel, and local, state, and national governments.

Name of Exhibitor: _____

Address: _____
Street Address or Box Number City State ZIP Code

Phone Number: (____) _____

Email Address: _____

Number of Booths Required: _____ Remittance Enclosed: \$ _____
(NOTE: We are unable to accept payment by credit card.)

Preferences of Booth Space(s): First _____ Second _____ Third _____
(NOTE: If preferred space is not available, nearest available space will be assigned.)

Signature PRINT Name: * _____

Title: _____

**Unless otherwise instructed, all information concerning convention activities will be sent to the individual named above at the firm's address indicated on this form.*

Make Check Payable To: Texas Community College Teachers Association

Federal Tax Identification No.: 74-1767441

Mail Contract And Check To: Texas Community College Teachers Association
5113 Southwest Parkway, Suite 185
Austin, TX 78735-8916

For Use of TCCTA State Office:

Booth Space(s) Assigned: _____ **Remittance Received:** \$ _____

Contract Received: _____ **Confirmation to Exhibitor:** _____

Comments: _____