



CONTRACT FOR EXHIBITORS

TAAE'S 33rd Annual Conference and Exhibition

TAAE: "Together We Rise"

Holiday Inn Austin Midtown, Austin, Texas • July 10 - 12, 2023

The 2023 TAAE Annual Conference and Exhibition is an excellent opportunity to meet with hundreds of new people in all areas of the alternative education profession. An outstanding program is in store for all conference attendees. The educational workshops will be presented by highly knowledgeable speakers regarding alternative education issues in Texas and will cover a wide variety of topics, with ample time for networking and socializing with exhibitors.

INSTRUCTIONS: Complete, sign, date, and mail with payment to TAAE, c/o TAAE Conference Manager, 2202 S. 51st Street, Temple, TX 76504, 512-850-0365.

EXHIBIT CONTRACTS MUST BE RETURNED TO TAAE HEADQUARTERS (NO LATER THAN) July 4, 2023. (Please print or type information as you wish to be published.)

Name of Primary Contact Person: _____

Secondary Contact: _____

Names of additional exhibitor staff attending: *All additional company staff representatives pay \$35.00*

1) _____ 2) _____

3) _____ 4) _____

Table Exhibit Fee @ \$250.00 a Table Number of Tables needed _____ \$ _____

Extra Staff @ \$35.00 ea. \$ _____

Electrical Fee @ \$25.00 \$ _____

EXHIBITOR SPONSORSHIP / MARKETING OPPORTUNITIES

Sponsorship Levels:

Yes, I want to be a TAAE category sponsor at the level indicated below:

PLATINUM \$700.00

DIAMOND \$500.00

GOLD \$400.00

SILVER \$300.00

BRONZE \$200.00

Coffee Station Sponsor \$300.00

TAAE Taylor Marceau Scholarship Program Amount to give: \$ _____ Total: \$ _____

Company Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Website: _____

Notice: TAAE booth space is on a first received contract basis.

CHECK PAYMENT INFORMATION

Date: _____ Amount: _____ Check #: _____

Please make checks payable to:
TAAE • 2202 S. 51st Street Temple, TX 76504

CREDIT CARD PAYMENT INFORMATION

Fax to: 254-613-9099 email to: sawmhq@gmail.com

Please check appropriate box

Check / Money Order Cash AMEX

Mastercard Visa Discover

Card #: _____

Expiration date: _____ Amount Charged: _____

Address: _____

City/ST/Zip: _____

I Authorize TAAE Association headquarters to charge my credit

card in the amount of \$ _____

Signature: _____

I understand my billing statement will read "TAAE"

Please direct all correspondence to:

**TAAE Conference Manager
2202 S. 51st Street
Temple, Texas 76504
512-850-0365 * Fax 254-613-9099**

Privacy Policy All credit card information is kept strictly confidential.