

HACU 14TH INTERNATIONAL CONFERENCE

Innovation and Technology for an Inclusive and Diverse Workforce

Universidad de Salamanca in
Salamanca, Spain

June 3-5, 2024



APPLICATION FOR EXHIBITOR SPACE

The undersigned person on behalf of the organization listed below ("Applicant") hereby requests consideration by the Hispanic Association of Colleges and Universities ("HACU") for exhibitor space at HACU's conference to be held as follows:

Dates of Conference: June 3-5, 2024

Location: Salamanca, Spain

Exhibit Site: Universidad de Salamanca

****Exhibitor Application Deadline: May 20, 2024****

Exhibit Space Content

Each exhibit space includes the following:

- A full conference registration for one (1) person (will have access to all conference events)
- One 6' skirted table with 2 chairs
- Recognition of the organization as an exhibitor in the conference program

1. APPLICANT INFORMATION

A. Name of Organization on whose behalf application is made:

Institution/Organization/Company: _____

Address: _____

City, State, Zip: _____

Country: _____

Phone: _____ Fax: _____

B. Information of person filling out the application on behalf of the Applicant and acting as the representative of the organization:

***This person will receive all communications and information related to this exhibit space.**

Name: _____

Title: _____

Institution/Organization/Company: _____

Phone: _____ Fax: _____

Email: _____

Please select the classification below that best describes your primary function: (select only one)

- | | | | | |
|--|---|--|---|---|
| <input type="checkbox"/> Administrator | <input type="checkbox"/> Dean/Chair | <input type="checkbox"/> Trustee | <input type="checkbox"/> Graduate Student | <input type="checkbox"/> Nonprofit organization |
| <input type="checkbox"/> Staff/Faculty | <input type="checkbox"/> K-12 Administrator/Staff | <input type="checkbox"/> Undergraduate Student | <input type="checkbox"/> Government | <input type="checkbox"/> Corporate |

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- C. Contact information of person receiving complimentary registration on behalf of above organization for the purchase of one (1) exhibit space:

Name: _____

Title: _____

Address: _____

City, State, Zip: _____

Country: _____

Phone: _____ Fax: _____

Email: _____

Please select the classification below that best describes your primary function: (select only one)

- ☐ Administrator ☐ Dean/Chair ☐ Trustee ☐ Graduate Student ☐ Nonprofit organization
☐ Staff/Faculty ☐ K-12 Administrator/Staff ☐ Undergraduate Student ☐ Government ☐ Corporate

- D. Name, title and email of additional table personnel (charged at \$475 each, maximum of 2).

1. Name: _____

Title: _____

Address: _____

City, State, Zip: _____

Country: _____

Phone: _____ Fax: _____

Email: _____

Please select the classification below that best describes your primary function: (select only one)

- ☐ Administrator ☐ Dean/Chair ☐ Trustee ☐ Graduate Student ☐ Nonprofit organization
☐ Staff/Faculty ☐ K-12 Administrator/Staff ☐ Undergraduate Student ☐ Government ☐ Corporate

2. Name: _____

Title: _____

Address: _____

City, State, Zip: _____

Country: _____

Phone: _____ Fax: _____

Email: _____

Please select the classification below that best describes your primary function: (select only one)

- ☐ Administrator ☐ Dean/Chair ☐ Trustee ☐ Graduate Student ☐ Nonprofit organization
☐ Staff/Faculty ☐ K-12 Administrator/Staff ☐ Undergraduate Student ☐ Government ☐ Corporate

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E. Brief description of nature and purpose of organization:

F. Number of years organization has been in existence: _____

G. Describe the nature and focus of displays and communications of proposed exhibit:

H. If intent is to promote subjects other than matters pertaining to higher education, please describe:

2. PAYMENT INFORMATION

A. Exhibit Space Fee (please circle one)

HACU Member Colleges & Universities

\$775.00 USD

Non-members, Nonprofits & Government Agencies

\$795.00 USD

Corporate

\$895.00 USD

Additional Exhibit Table Personnel (maximum two (2) per exhibit table)

\$475.00 USD

B. Payment includes:

Exhibit Table Fee _____ X _____ Number of Exhibit Table(s) = _____ Total Exhibit Table(s) Fee

\$475.00

Per additional space personnel

_____ # of Additional Space Personnel
(Maximum two (2) per exhibit table)

_____ Total Additional Registrations

TOTAL DUE: _____

C. Select method of payment below (check one):

☐

Credit Card

☐

Check or money order (Check or money order must be in U.S. Dollars, made out to HACU and attached to this Application.)

☐

Wire Transfer (Bank information will be provided by email)

For credit card payments, please provide the following information:

American Express _____ VISA _____ MasterCard _____

Name (as it appears in the card): _____

Card Number: _____

Expiration Date: _____

Security Code: _____ Signature of Cardholder: _____