

# HACU 38<sup>th</sup> Annual Conference

Championing Hispanic Higher Education Success: Reaching New Heights of Excellence and Equity

**November 1-3, 2024 - Gaylord Rockies Resort & Convention Center - Aurora, Colorado**

## 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: Nov. 1 - 3, 2024**

**Location: Gaylord Rockies Resort & Convention Center**

**Exhibit Site: Gaylord Rockies Resort & Convention Center**

**\*\* Exhibitor Application Deadline to be included in the printed program: Sept. 6, 2024 \*\***

**Exhibitor Application Deadline: October 13, 2024**

Approximate Dimensions of each Exhibitor Space: Standard 8' x 10' Exhibit Booth

### 1. APPLICANT INFORMATION

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

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

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

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

B. Name of person filling out application:\*

\*Please note, this person will receive all conference communications and the exhibitor manual. This person will not receive a registration.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Relationship to Organization: \_\_\_\_\_

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

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

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_

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

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

C. Name, title and email of person receiving complimentary registration on behalf of above organization:\*

Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

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

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_

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

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

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- D. Name, title and email of additional booth personnel (charged at \$285 each, maximum of 4). The deadline to add additional personnel to this application is Oct. 11, 2024. After that date all additional personnel must be added and paid for on-site. TBDs will no longer be accepted.

1) Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_  
Email: \_\_\_\_\_

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

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

2) Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_  
Email: \_\_\_\_\_

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

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

3) Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_  
Email: \_\_\_\_\_

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

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

4) Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_  
Email: \_\_\_\_\_

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

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

E. Brief description of nature and purpose of organization:

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Years organization has been in existence: \_\_\_\_\_

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

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

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## 2. PAYMENT INFORMATION

A. Exhibit Booth Fee (please check one):

HACU Member Colleges & Universities	\$1,925
Non-Member Colleges & Universities	\$2,560
Non-profit Associations	\$2,560
Government	\$2,560
Corporate	\$3,830

B. Payment includes:

_____	x	_____	=	_____
Exhibit Booth Fee		# of Exhibit Booth(s)		Total Exhibit Booth Fee
\$285	x	_____	=	_____
Per Additional Booth Personnel		# of Additional Booth Personnel		Total Additional Registrations
			=	_____
				TOTAL DUE

C. Check Method of Payment:

\_\_\_\_\_ Credit Card      \_\_\_\_\_ Check      \_\_\_\_\_ Money Order      \_\_\_\_\_ Purchase Order

If paying by credit card please complete section below:

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Credit Card: \_\_\_\_\_ AMEX      \_\_\_\_\_ VISA      \_\_\_\_\_ Master Card

Name as it appears on card: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

If paying by check, please make check payable to HACU.