
2009 LULAC National Women's Conference

APRIL 3-4, 2009 EXHIBITOR AGREEMENT

The League of United Latin American Citizens (LULAC) welcomes you to exhibit at the 2009 National Women's Conference. Exhibit Set up Friday 6:00 pm Open Saturday from 7:30 am to 2:00 pm:

Name _____ Title _____

Corporation/Agency _____

Representing Agency _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Payment in full of \$600 per space is required with this Agreement. Purchase orders for State/Federal Agencies will be accepted and payment must be made upon receipt of invoice. NOTE: Space assignments are based upon the order in which companies or agencies become Exhibitors. Preference will be given to major corporate sponsors, per agreement. Exhibitors receive a listing in the Program Book, an I.D. Sign, a Table and Two Chairs, Name Tags (please provide names), 2 tickets to the Welcome Reception on Friday, 2 tickets to the breakfast and 2 tickets to the Luncheon on Saturday.

Indicate amount of Spaces Required. _____.

“The exhibitor assumes the entire responsibility and liability for losses, damages, and claims arising out of exhibitor's activities on the Hotel premises and will indemnify, defend, and hold harmless the Hotel, its owners, and its management company, as well as their respective agents, servants, and employees from any and all such losses, damages and claims”. LULAC Exposition Coordinators reserve the right to establish rules that may be required to guarantee the safety and appearance of the conference exhibit area.

Mail the form & payment to the address below.

Signature of Authorized Representative

Date

Make checks payable to **LULAC Institute** and mail to the LULAC Fiscal Office. Credit card orders accepted by fax. For more information, contact Carolina Munoz at (915) 577-0726 or visit our website at: www.LULAC.org.

LULAC Fiscal Office
2009 National Women's Conference
201 East Main, Suite 605
El Paso, Texas 79901
(915) 577-0726 FAX (915) 577-0914

Total _____ Credit Card # _____ Expiration Date _____

MasterCard Visa American Express Signature _____