



Making a difference for Latino Deaf and Hard of Hearing Americans

Booth Registration/Exhibitor Contract

Company name: _____

Contact name: _____

Address: _____

Phone: _____ TTY or Voice (circle one) Fax: _____

Email: _____

Name Badges (limit 2 per table): _____

BOOTH FEES

____ Corporation or For-Profit Business \$150 per table

____ Non-Profit Organization \$100 per table

____ Arts/Special Interests \$75 per table

____ Electricity (bring your own power strip and extension cord) \$25 per exhibitor

Total Payment: \$ _____

- *TLCDHH reserves the right to accept, deny, regulate, set policies and ask any Exhibitors to leave the premise if they do not follow procedures and policies of TLCDDHH and the Hotel.*
- *TLCDHH and the Woodward Hotel & Suites and all of their representatives shall not be held liable for any damage, loss, harm, or injury to the person or property of the Exhibitor and any of its representatives.*

Exhibitor Signature: _____ Date: _____

Reservation and Payment must be received by **June 1, 2006**. Please mail Reservation Form to TLCDDHH at TLCDDHH, P.O. Box 12365, Austin, TX 78711-2365. Personal/Business Check can be made payable to TLCDDHH. Payment mailing information can be found on the Conference Registration Form.

Texas Latino Council of the Deaf and Hard of Hearing
P.O. Box 12365
Austin, Texas 78711-2365

www.tlcdhh.org