



CORRECTIONAL MANAGEMENT INSTITUTE OF TEXAS
GEORGE J. BETO CRIMINAL JUSTICE CENTER
SAM HOUSTON STATE UNIVERSITY

DOUG DRETKE
EXECUTIVE DIRECTOR

CHRISTIE DAVIDSON
ASSISTANT DIRECTOR

January 10, 2024

The Correctional Management Institute of Texas (CMIT) is pleased to announce the **2024 Drug Impact Conference**. The conference will bring together over 300 participants representing the field of criminal justice throughout the state of Texas to the Great Wolf Lodge in Grapevine, TX, August 12–15, 2024.

Your exhibit fee of \$300 will include two company representatives, a six-foot table and two chairs. Additional exhibit personnel from your company may register for an extra \$50 per person.

Please fill out and return the exhibitor contract. If you wish to register additional representatives, please attach an additional sheet of paper with their names and titles. Representatives can attend all conference functions.

EXHIBITS

Exhibits will be located in the Granite Foyer, on the first floor of the resort. All refreshment breaks will be served there as well.

Exhibitors must set-up Monday, August 12, between 11:00AM and 5:00PM. Exhibits will open Tuesday, August 13 at 7:30AM and close at 5:00PM. This will allow participants to visit during refreshment breaks. Booths will reopen on Wednesday, August 14 at 7:30AM and close at 5:00PM. Exhibits must be taken down by 5:30PM on Wednesday, August 14.

Booths will be assigned on a first come, first serve basis, as contracts and payments are received. Please fax or email your completed exhibitor contract to Vanessa Farmer, vfarmer@shsu.edu or 936-294-1671. Payments will be accepted online (www.cmitonline.org/drugs.html), or by mail. Payments must be made within 30 days or your booth will be released.

Only a limited number of spaces will be available, so do not delay in making your reservations. If you need special accommodations for your booth, please contact us.

SPONSORSHIP

As another means of conveying your message to attendees, please consider sponsorship of a conference refreshment break or speaker. These events are well attended and sponsors generate a great deal of goodwill through the provision of such amenities.

Companies that want to receive recognition for their level of participation in the conference should fill out the Sponsorship Form and return it as soon as possible. Sponsors of conference events will be recognized with signage and in the conference workbook.

SHIPPING INFORMATION

Shipments should be delivered to the hotel no more than 48 hours prior to the program date commencement. The Great Wolf Lodge reserves the right to refuse receipt of any package. All boxes and packages left at the Lodge for more than three (3) days after event conclusion without shipping instructions will be discarded. Great Wolf Lodge assumes no responsibility for any shipping charges and will not accept C.O.D. packages. The following receiving, handling and storage charges may apply:

Receiving & Handling Charges

Boxes or large packages - 25 lbs or less - \$5 each
Boxes or large packages - 26-50 lbs - \$10 each
Boxes or large packages - 51-100 lbs - \$20 each
Boxes, large packages or pallets - 101 lbs or more - \$100 each

Storage Charges apply daily more than three (3) days before or after Event Dates:

Boxes or large packages less than 50 lbs - \$5 each
Boxes or large packages - 51-100 lbs - \$10 each
Boxes, large packages or pallets - 101 lbs or more - \$25 each

When addressing your package(s), please include the following information:

Representative's Name, Conference Name (Drug Impact 2024), and Melanie Rodriguez's name (contact)

USPS Package Address:

The Great Wolf Lodge
100 Great Wolf Dr
Grapevine, TX 76051

FedEx/UPS Package Address:

The Great Wolf Lodge
100 Great Wolf Dr
Grapevine, TX 76051

WIFI

Wi-Fi is complimentary.

ELECTRICITY

If you will require electricity for your exhibit space, please contact:
Melanie Rodriguez at MRodriguez2@greatwolf.com.

You can make your room reservation by calling the Great Wolf Lodge at 800-693-9653. Be sure to identify yourself as part of the Drug Impact Conference using group code 2408SAMH. We are planning a great conference and hope you will be a part of it. Please feel free to contact us should you have questions or require assistance. See you in Grapevine, TX!

Each booth is \$300.00. Please complete the Exhibitor Contract and Sponsorship Form and return via email or fax to 936-294-1671.

Sincerely,

Vanessa Farmer

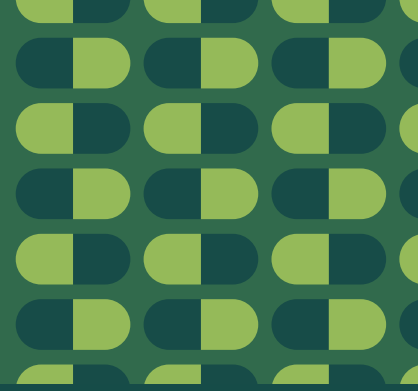
Vanessa Farmer, Projector Coordinator
Phone: 936-294-1706
Email: vfarmer@shsu.edu



2024

DRUG IMPACT CONFERENCE

AUGUST 12-15, 2024 • GRAPEVINE, TX



EXHIBITOR CONTRACT

Complete all information blanks. Sign, date, and email to vfarmer@shsu.edu or fax 936-294-1671.

Signed contract and fee must be received by July 22, 2024, in order to reserve exhibit space. Your payment must be received within 30 days of contract submission, or your booth space will be released. If you need to discuss payment options, booth locations, special sponsorships, or special needs such as large equipment, contact Vanessa Farmer at 936-294-1706.

Company Name to be listed on signage: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Contact Person Name: _____

Title: _____

Signature: _____ Date: _____

I have enclosed a check in the amount of \$_____

The Correctional Management Institute of Texas, referred to hereinafter as "CMIT," and the undersigned firm, referred to hereinafter as "Exhibitor," and the Great Wolf Lodge, referred to hereinafter as "Exhibit site," agree to as follows:

1. CMIT will provide exhibit space in accordance with items listed below:
2. Exhibitor desires a total of _____ booth(s), at \$300 for each booth, for a total of \$_____ payable upon return of signed contract mailed to CMIT.
3. Area of expertise: _____

4. Names of firm representative(s) attending booth. (Each booth entitles you to 2 full conference registrations.)

Please print or type name(s) and title(s):

Name 1: _____ Title: _____

Name 2: _____ Title: _____

5. Exhibitor will accept booth space assignment as determined by CMIT.

6. Exhibitor may, if he/she desires, cancel the agreement and receive a full refund, minus a service charge of \$100, if written request is received by July 22, 2024.

7. CMIT reserves the right to refuse any exhibit or Exhibitor and further reserves the right to shut down any exhibit or Exhibitor for breach of this agreement, or for cause.

8. Are you willing to sponsor/co-sponsor an event at the conference?

Yes No

If so, please fill out the attached form indicating the event you wish to sponsor and your dollar commitment level.

Please copy form and return original along with payment made payable to:

Attn: Vanessa Farmer, Drug Impact Conference

Correctional Management Institute of Texas

Sam Houston State University

Box 2296

Huntsville, TX 77341-2296

Pay online at www.cmitonline.org/drugs.html

Questions? Contact Vanessa Farmer at vfarmer@shsu.edu or 936-294-1706.



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SPONSORSHIP OPPORTUNITIES

Sponsorship of conference activities is an excellent way to show your support for the Correctional Management Institute of Texas. Your sponsorships allow the Institute to provide more educational activities to participants across the state.

Sponsors of events will be recognized with signage at the event as well as in the conference packets. Events will be assigned on a first-come, first-serve basis. **Indicate choice by placing a number in the corresponding blank with #1 being first choice.** Please consider sponsoring/co-sponsoring one of the following events for our attendees. If you choose to be a co-sponsor, please indicate the amount you will provide.

DATE	EVENT	FULL SPONSORSHIP	CO-SPONSORSHIP
Mon 8/12	Afternoon Refreshment Break	_____ (\$3,500)	_____ (\$_____) min \$200
Mon 8/12	Welcome Reception	_____ (\$3,500)	_____ (\$_____) min \$200
Tues 8/13	Morning Refreshment Break	_____ (\$3,500)	_____ (\$_____) min \$200
Tues 8/13	Afternoon Refreshment Break	_____ (\$3,500)	_____ (\$_____) min \$200
Weds 8/14	Morning Refreshment Break	_____ (\$3,500)	_____ (\$_____) min \$200
Weds 8/14	Afternoon Refreshment Break	_____ (\$3,500)	_____ (\$_____) min \$200
Thurs 8/15	Morning Refreshment Break	_____ (\$3,500)	_____ (\$_____) min \$200
—	Speaker	_____ (\$1,000)	_____ (\$_____) min \$200

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Title: _____ Signature: _____

I have enclosed a check in the amount of \$_____.