

July 11, 2024

Dear Exhibitor,

We are pleased to announce the **11th Annual Mental Health Conference** hosted by the Correctional Management Institute of Texas (CMIT), December 2-5, 2024. Previous conferences brought together over 350 corrections and mental health professionals and we anticipate an even greater response this year.

Your exhibit fee of \$425 will include two company representatives per booth, with a six-foot table and two chairs. Additional exhibit personnel from your company may register for an extra \$50.00 per person. Please fill out and return a registration form with each representative's name.

**Exhibits and Sponsorships:**

Exhibits will be located in the Corpus Foyer at the Omni Corpus Christi, in Corpus Christi, Texas. Set up for all exhibitors will be Monday, December 2, 2024, from 3:00-5:00pm. Exhibits will open Tuesday, December 3, 2024 and Wednesday, December 4, 2024 from 7:30am-3:30pm.

Booths will be assigned on a first come, first serve basis. Email your exhibitor contract as soon as it is completed. Along with exhibiting your products, please consider sponsorship of conference events as another means of conveying your message to attendees. Companies that want to receive special recognition for their level of participation at the conference should fill out the Sponsorship Form and return it as soon as possible. **Sponsors of conference events will be recognized with signage at each event and also in the conference workbook.**

**Shipping Information:**

All incoming packages for the conference should be addressed to Omni Corpus Christi, 900 N. Shoreline Blvd., Corpus Christi, Texas 78401. Please also include the company name, name of the person who will be claiming the packages, as well as the conference name and date (11th Annual Mental Health Conference, December 2-5, 2024) on the outside packaging. **No packages should arrive before November 25, 2024.**

**Hotel Information:**

Omni Corpus Christi Hotel, 900 N. Shoreline Blvd. Corpus Christi, TX 78401 361-886-3563

We are planning a great conference and hope you will be a part of it. Please feel free to contact me should you have questions or require assistance.

Sincerely,



Vinessa Mundorff  
Program Coordinator  
Phone: (936) 294-3073  
Email: vmundorff@shsu.edu



FOR OFFICE USE ONLY

RECEIVED	/	ACCEPTED	/
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11<sup>TH</sup> ANNUAL MENTAL HEALTH CONFERENCE • DECEMBER 2–5, 2024 • CORPUS CHRISTI, TX

**Instructions:** Complete all information blanks. Sign, date, and mail or email to vmundorff@shsu.edu.

Signed contract and fee must be received by November 1, 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 Vinessa Mundorff at 936-294-3073.

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 Omni Corpus Christi, referred to hereinafter as “Exhibit site,” agree to as follows:

1. CMIT will provide exhibit space in accordance with items listed below:
2. Space will be provided on a first-come, first-serve basis for the area of choice. Exhibitor accepts CMIT’s offer and requests the following booth(s) according to the enclosed diagram:

1st Preference # \_\_\_\_\_ 2nd Preference # \_\_\_\_\_ 3rd Preference # \_\_\_\_\_

Exhibitor desires a total of \_\_\_\_ booth(s), at \$425 for each booth, for a total of \$\_\_\_\_\_ payable upon return of signed contract to CMIT.

3. Area of expertise: \_\_\_\_\_

Do you need electricity from Omni Corpus Christi?

Yes  No

If so, please complete a request at [www.pinnaclelive.com/locations/omni-corpus-christi-hotel/exhibitor-services](http://www.pinnaclelive.com/locations/omni-corpus-christi-hotel/exhibitor-services)

4. Names of firm representative(s) attending booth. (Each booth entitles you to 2 company representatives.)

Additional attendees will be \$50.00 per attendee.

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 November 1, 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 to:**

Attn: Vinessa Mundorff, CMIT Mental Health Conference  
Correctional Management Institute of Texas  
Sam Houston State University  
Box 2296  
Huntsville, TX 77341-2296

**Or you may email this form to [vmundorff@shsu.edu](mailto:vmundorff@shsu.edu)**

**Pay online at [www.cmitonline.org/MHC.html](http://www.cmitonline.org/MHC.html)**

**Questions?** Contact Vinessa Mundorff at [vmundorff@shsu.edu](mailto:vmundorff@shsu.edu) or 936-294-3073.



# • SPONSORSHIP OPPORTUNITIES •



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RECEIVED	/	ACCEPTED	/
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## 11<sup>TH</sup> ANNUAL MENTAL HEALTH CONFERENCE • DECEMBER 2–5, 2024 • CORPUS CHRISTI, TX

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
Tues 12/3	Morning Refreshment Break	_____ (\$2,500)	_____ ( \$_____ ) min \$200
Tues 12/3	Afternoon Refreshment Break	_____ (\$2,500)	_____ ( \$_____ ) min \$200
Weds 12/4	Morning Refreshment Break	_____ (\$2,500)	_____ ( \$_____ ) min \$200
Weds 12/4	Afternoon Refreshment Break	_____ (\$2,500)	_____ ( \$_____ ) min \$200
Thurs 12/5	Morning Refreshment Break	_____ (\$2,500)	_____ ( \$_____ ) min \$200
—	Breakout Session Speakers	_____ (\$1,000)	_____ ( \$_____ ) min \$200
—	Keynote/Closing Speaker	_____ (\$3,000)	_____ ( \$_____ ) min \$200

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

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

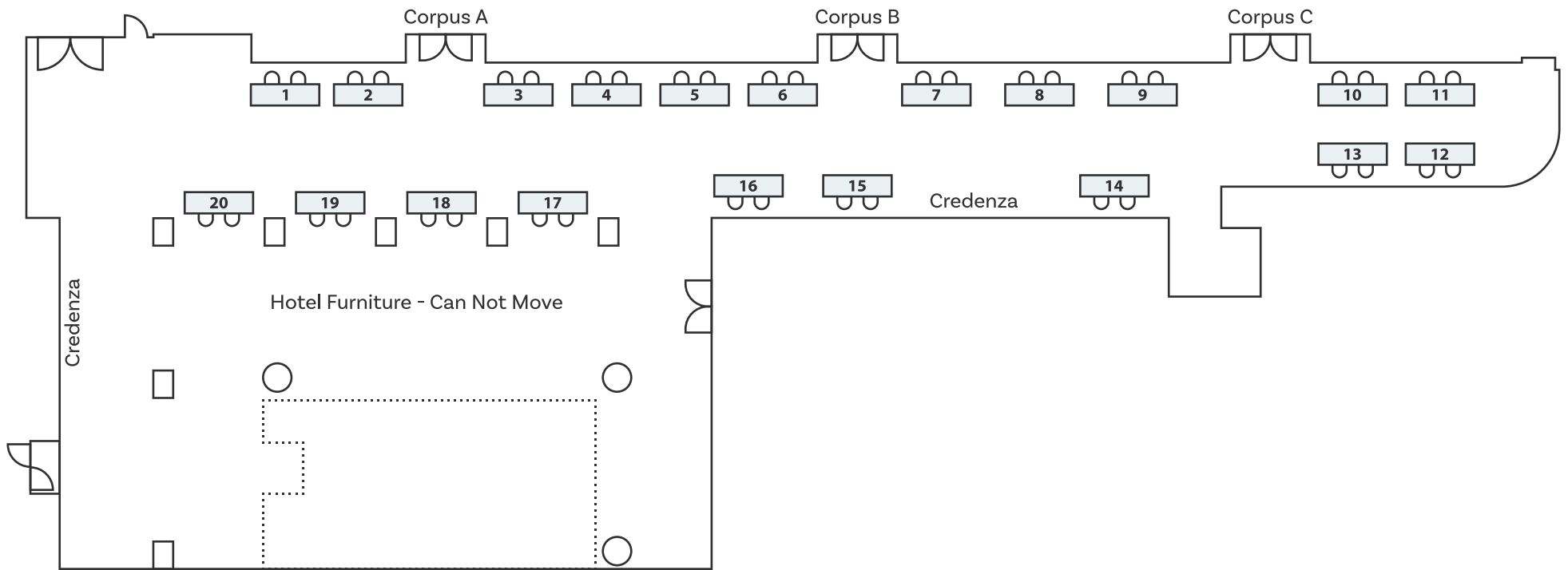
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

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

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



**Exhibit Hall • 20 tabletops**

11th Annual Mental Health Conference • December 2-5, 2024



Shipping/Delivery Form
Complete and email to: ssaenz@omnihotels.com

Company Name: Booth Number:
Onsite Contact: Onsite Phone Number:
Company Address:

Shipping and receiving hours are 8:00am-3:30pm Monday through Friday.
Packages may be delivered to the Hotel within 48 hours of the date of the function.

Storage fee of \$10.00 will apply to all items received more than (3) days pre/post guest departure.

Pricing:

Table with 2 columns: Description, Cost. Rows include Flat Envelopes & 0.0 - 1.0 Packages (\$2.00 each), Packages (1.1 - 10 lbs.) (\$10.00 each), Packages (10.1 - 25 lbs.) (\$25.00 each), Packages (25.1 - 50 lbs.) (\$50.00 each), Packages (50.1 - 75 lbs.) (\$75.00 each), Packages Over 75.1 lbs. (\$100.00 each), Pallets & Crates (75 lbs. and over) (\$200.00 each).

\*Each cost is per incoming and outgoing items

How Many Packages will be delivered:

Flat Envelopes Tubes Boxes Cases Pallets

How Many Packages will be shipped out:

Flat Envelopes Tubes Boxes Cases Pallets

Package Information:

In order to ensure proper delivery and distribution of your package; please ensure your name or the name of the on-site guest is on the package along with a contact number and name of the conference/ event. Our hotel physical address is 900 N. Shoreline Blvd., Corpus Christi, Texas 78401.

Loading & Unloading

The hotel cannot be responsible for the loading or unloading of packages, parcels or pallets. The courier or delivery service must be prepared to both load and unload any packages, parcels or pallets that are delivered or retrieved.

Payment Information

The package fees can be billed to a guest's room or credit card number (credit card authorization form will be emailed for completion via link). All packages will be held until a payment method has been confirmed.

*Credit Card Payment:*

If paying by credit card please submit signed shipping/receiving form along with the email address of the person who will complete the credit card authorization form prior to arrival. Once signed form/information is received you will receive a secure credit card link for completion of payment.

Email address \_\_\_\_\_

*Room Charge:*

If charging to the guest room please submit signed shipping/receiving form along with guest name and confirmation number.

Name of Guest \_\_\_\_\_ Confirmation# \_\_\_\_\_

The hotel, as an accommodation to and at the request of the undersigned, has accepted on behalf of the undersigned and as its agent, in apparently good order but without representation of verification as to actual condition or repair and without incurring any inference or presumption to the contrary, the parcels described and the undersigned acknowledges and agrees that the hotel, its agents and employees assume no risk and will incur no liability for damage, loss, or injury to said parcel, regardless of the cause, and the undersigned hereby releases and forever discharges the hotel, from any liability, risk, claim or demand whatsoever.

Form Completed By: \_\_\_\_\_

Signature: \_\_\_\_\_

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**For Hotel Use Only**

Exhibitor Parcel Delivery Form		
Date Received:	Area Stored:	
Recipient Name:		
Sender Name:		
Number of Parcels	Description & Remarks	Method of Shipment