

March 10, 2025

Dear Representative:

Enclosed is an exhibitor packet for the **19th Annual Conference on Managing Juveniles with Sexual Behavior Problems**. This conference will bring together approximately 175 professionals involved in the treatment and supervision of juveniles with sexual behavior problems at the Embassy Suites San Marcos, June 29 – July 2, 2025 in San Marcos, Texas.

**Exhibits:**

Your exhibit fee of \$300 includes a six-foot table and two chairs, as well as a computerized list of conference attendees. **Exhibits will be located in a separate area where breaks are served.** The exhibits will open on Monday, June 30th after 7:30 am. Exhibits will close Wednesday, July 2nd at noon. Unstaffed booths will be permitted at a cost of \$150 per booth. \*\*Registration to participants is open on Sunday, June 29th starting at 11:00 am with the pre-conference starting at 1:00 pm. If you are interested, I don't mind you setting up your booth during the pre-conference\*\*

**Electricity/Internet/Telephone Access**

If you are requesting extra items such as phone lines or electrical power, please let me know as I will need to contact the hotel directly.

**Shipping Information:**

All incoming packages for the conference should be addressed as follows

ATTENTION: Recipient

Contact Phone : xxx-xxx-xxxx

Group: Sam Houston State University – Correctional Mgt Institute, Juvenile Sex Offender Mgmt Conf

Arrival: 2025-06-29

Embassy Suites

1001 E. McCarty Lane

San Marcos, TX 78666

Number of Boxes:

Shipments should be delivered to the Hotel no more than three (3) working days prior to the program date commencement.

**Booths will be assigned on a first come, first serve basis as contracts and payments are received. Only a limited number of spaces will be available,** so don't delay in having your exhibit fee sent to our office as soon as possible. If you need special accommodations for your booth, please contact me.

Sincerely,



Amanda Wood

Phone: (936) 294-1227

awood@shsu.edu



**19<sup>th</sup>  
Annual**

**Conference on Managing Juveniles  
with Sexual Behavior Problems**  
June 29–July 02, 2025 \ San Marcos, TX



**EXHIBITOR CONTRACT**

**Complete all information blanks. Signed contract and fee must be received ASAP, in order to reserve exhibit space. need to discuss payment options, booth locations, special sponsorships, or special needs such as large equipment, contact Amanda Wood at 936-294-1227.**

The Texas Probation Training Academy, referred to hereinafter as “TPTA,” and the undersigned firm, referred to hereinafter as “Exhibitor,” and the Omni Corpus Christi Hotel, referred to hereinafter as “Exhibit site,” agree to as follows:

1. TPTA will assign booth space on a first-come, first-served basis.
2. Exhibitor will accept booth space assignment as determined by TPTA.
3. Exhibitor desires a total of \_\_\_\_ booth(s), at \$300 for each booth, for a total of \$\_\_\_\_\_ payable upon return of signed contract mailed to TPTA. Vendor spaces are 8’ wide with a 6’ table.
4. Exhibitor understands there could be additional charges for electrical power, telephone, shipping, and storage/handling.
5. Exhibitor may, if he/she desires, cancel the agreement and receive a full refund, minus a service charge of \$50, if written request is received by May 24, 2025. No refunds will be granted after this date. TPTA reserves the right to collect fees in full for those who fail to cancel prior to the training or for those who fail to attend the training.
6. TPTA 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.

Company Name to be listed on signage: \_\_\_\_\_

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

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

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

Area of Expertise: \_\_\_\_\_

Is there a company that you would prefer to placed next to? \_\_\_\_\_

Is there a company that you DO NOT want to be placed next to? \_\_\_\_\_

**Name(s) of firm representative(s) attending booth** (your sponsorship entitles you to 3 representatives)

Name 1: \_\_\_\_\_

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

Name 2: \_\_\_\_\_

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

Name 3: \_\_\_\_\_

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

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.*

**Payment Method**

I have enclosed a check (made payable to SHSU) in the amount of \$ \_\_\_\_\_

Please invoice Contact Person

Invoice Address (if different from above): \_\_\_\_\_

**Agreement of Person Authorized to Sign Contract**

Contact Person Name (printed): \_\_\_\_\_

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

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

**Please copy form and return original along with payment to:**

Texas Probation Training Academy  
Attn: Amanda Wood  
Sam Houston State University  
George J. Beto Criminal Justice Center  
Huntsville, TX 77341-2296

**Questions?** Contact Amanda Wood at [awood@shsu.edu](mailto:awood@shsu.edu) or 936-294-1227.



# 19th Annual

# Conference on Managing Juveniles with Sexual Behavior Problems

June 29–July 02, 2025 \ San Marcos, TX

## SPONSORSHIP OPPORTUNITIES

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 6/30	Afternoon Refreshment Break	_____ (\$3,500)	_____ ( \$_____ ) min \$200
Mon 6/30	Morning Refreshment Break	_____ (\$3,500)	_____ ( \$_____ ) min \$200
Tues 7/1	Morning Refreshment Break	_____ (\$3,500)	_____ ( \$_____ ) min \$200
Tues 7/1	Afternoon Refreshment Break	_____ (\$3,500)	_____ ( \$_____ ) min \$200
Wed 7/2	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 (made payable to SHSU) in the amount of \$\_\_\_\_\_

Please invoice Contact Person

Invoice Address (if different from above): \_\_\_\_\_