

July 29, 2024

Dear Exhibitor,

We are pleased to announce the **2025 Women in Criminal Justice Conference** hosted by the Correctional Management Institute of Texas (CMIT), March 3-6, 2025. Previous conferences brought together over 500 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 foyer of the Omni Corpus Christi in Corpus Christi, TX. Exhibitors must set-up Monday, March 3, between 3:00PM and 5:00PM. Exhibits will open Tuesday, March 4 at 7:30AM and close at 3:00PM. This will allow participants to visit during refreshment breaks. Booths will reopen on Wednesday, March 5 at 7:30AM and close at 3:00PM.

Booths will be assigned on a first come, first serve basis. Fax or 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 Hotel, 900 N Shoreline Blvd, Corpus Christi, TX 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 (2025 Women in Criminal Justice Conference, February 23, 2025) on the outside packaging. **No packages should arrive before February 25, 2025.**

Hotel Information:

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

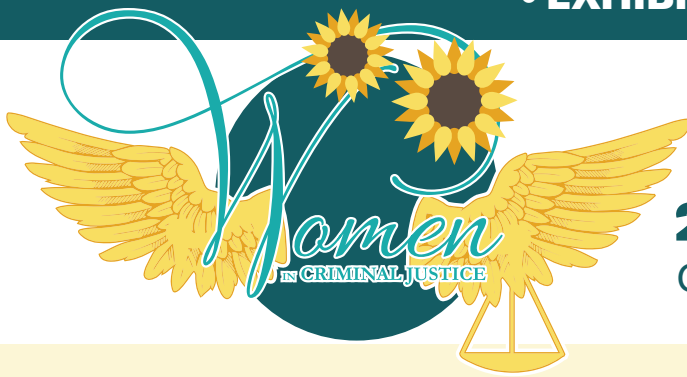
We are planning a great conference and hope you will be a part of it. Please feel free to contact me should you have questions or require assistance. See you in Austin!

Sincerely,



Sharese Hurst
Division Director
Phone: 936-294-1687
Email: sharese@shsu.edu

• EXHIBITOR CONTRACT •



FOR OFFICE USE ONLY

RECEIVED	/	ACCEPTED	/
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2025 Women in Criminal Justice CORPUS CHRISTI, TX / MARCH 3-6, 2025

Instructions: Complete all information blanks. Sign, date, and mail or email to Sharese Hurst.

Signed contract and fee must be received by September 1, 2023, 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 Sharese Hurst at 936-294-1687.

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 mailed to CMIT.

3. Area of expertise: _____

Do you need electricity from Omni Corpus Christi?

Yes No

If so, please complete the enclosed Exhibitor Order form.

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 August 15, 2023.

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: Sharese Hurst, CMIT Women in Criminal Justice Conference
Correctional Management Institute of Texas
Sam Houston State University
Box 2296
Huntsville, TX 77341-2296

Or you may email this form to sharese@shsu.edu

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

Questions? Contact Sharese Hurst at sharese@shsu.edu or 936-294-1687.



• SPONSORSHIP OPPORTUNITIES •



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RECEIVED	/	ACCEPTED	/
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2025 Women in Criminal Justice CORPUS CHRISTI, TX / MARCH 3-6, 2025

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 3/4	Morning Refreshment Break	_____ (\$2,500)	_____ (\$_____) min \$200
Tues 3/4	Afternoon Refreshment Break	_____ (\$2,500)	_____ (\$_____) min \$200
Weds 3/5	Morning Refreshment Break	_____ (\$2,500)	_____ (\$_____) min \$200
Weds 3/5	Afternoon Refreshment Break	_____ (\$2,500)	_____ (\$_____) min \$200
Thurs 3/6	Morning Refreshment Break	_____ (\$2,500)	_____ (\$_____) min \$200
—	Participant Swag*	_____ (varies*)	_____ (\$_____) min \$200
—	Breakout Session Speakers	_____ (\$1,000)	_____ (\$_____) min \$200
—	Keynote/Closing Speaker	_____ (\$3,000)	_____ (\$_____) min \$200

*Examples of swag items includes lanyards, notepads, bags, umbrellas, etc. Full sponsorship will depend on item chosen.

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Title: _____ Signature: _____

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

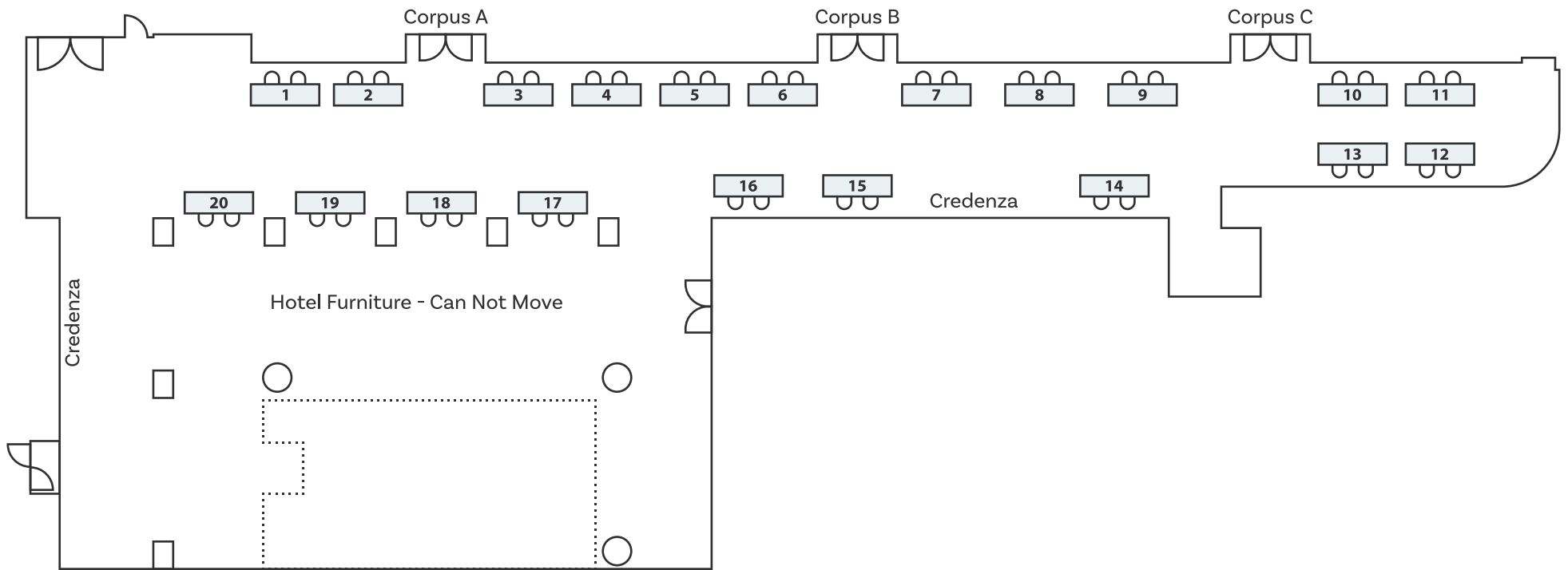


Exhibit Hall • 20 tabletops

2025 Women in Criminal Justice Conference • March 3-6, 2025



Shipping/Delivery Form

Complete and email to: ssaenz@omnihotels.com

Company Name: _____
Onsite Contact: _____
Company Address: _____

Booth Number: _____
Onsite Phone Number: _____

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:

Description	Cost
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: _____

For Hotel Use Only

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